Activity/Club Registration Form

Student Name: _____ Age: Home Phone#_____

Address_____City/Zip_____

Parent (s) or Legal Guardian (s) Name: _____

Day Phone #_____ Evening #_____ Cell#_____

I give my permission for _____ participate in Horizon Community Church Free Market Small Group (Art Courageous Art Club) Activities. I understand that there are risks to my child to attend these events and consent and agree to indemnify and hold harmless Horizon Community Church, its agents, employees, or volunteer assistants from all claims that I or the church might have arising out of my child's participation in this activity which is over and above that which is covered by insurance.

<u>Emergency Medical Care and Treatment</u> If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Horizon Community Church acts in a primary position only when the participant is not already covered by insurance. I agree to submit all claims first to my insurance company then to the insurance company for Horizon Community Church. I also accept full responsibility for the cost of medical treatment for an injury suffered while taking part in the program, which is over and above that which is covered by insurance. I authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, I waive my right to information for such treatment. I authorize and request personnel from Horizon Community Church to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Health Insurance Policy # _____

Insurance Carrier: _____

Physician_____ Phone # _____

Allergies: _____Medications:_____

Special Medical Conditions: _____

In case of an emergency and I can not be reached, Please contact:
Name and address_____

Day Phone# _____ Evening #_____

I realize, by signing this form, that there are risks to my child to attend these actives and events that can result in things including, but not limited to, serious injury, broken limbs, internal injuries, drowning, permanent physical damage and death.

(Note to parents and guardians) This is the Horizon Community Church standard activity participation form for all student participation activates outside of regularly scheduled Youth Group meetings that take place on or off the Horizon Community Church campus. It is required for all student activities of Horizon Community Church sports related or otherwise. The Art Courageous Student Art Club functions as both a Horizon Community Church Free Market Group and a Tualatin High School Student Club. As a Horizon Free Market Group Leader, I am required to have on my person, a student's parental contact information and medical emergency permission at all times during the activity. A similar medical emergency contact and permission form is required for Tualatin High School Students to participate in their off campus activities; sports related or otherwise.

Parent/Legal Guardian Signature: _____ Dated: _____