

# RIVERBLUFF CHURCH

## Student Information:

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

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## Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Second Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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## Medical Information:

Activities (such as strenuous activities) to be restricted: \_\_\_\_\_

Health Conditions and Allergies: \_\_\_\_\_

Medications and Instructions: \_\_\_\_\_

**In case of accident or serious illness, I authorize the appropriate care and treatment be rendered to my child by any physician and/or hospital. I authorize transportation to hospital through ambulance if needed. I will assume responsibility for the emergency care and/or transportation for said child.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO BETTER SERVE YOUR CHILD. THANKS!**

# STUDENT ministries RELEASE FORM FOR EVENTS

## GUIDELINES

(Please read carefully – these must be agreed upon and signed by both student and parent)

- Public Displays of Affection (PDA) will not be allowed. (Guys and Girls are friends on youth trips)
- At no time can guys enter girl's rooms or girls enter guy's room.
- No alcohol, tobacco products, or illegal substances will be permitted. (If a student is caught with any of these items, it is the responsibility of the parent(s) to come get their teen from the event)
- Students will listen to adult leaders. The leaders deserve their attention and respect.
- Students are expected to have fun, but not at anyone else's expense. Be considerate and Christ-like. Be a team player, an encourager, and a listener.

Name of Event: \_\_\_\_\_

Date(s) of Function: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_