

**UGNAYAN 2008
REGISTRATION AND PARENTAL CONSENT FORM**

I, _____ request that my son/daughter _____ be allowed to participate in the activity: _____ on (date) _____. I give my permission for my child to participate.

In case of emergency, I can be contacted at _____

Home address _____ Tel _____

E-mail Address: _____ Grade: _____

Medical Insurance Co./Policy# _____

Any specific medical conditions, medications, or allergies: _____

(Parents) Please check if you are able to help Drive Attend Plan/facilitate Other _____

AUTHORIZATION FOR MEDICAL CARE: RELEASE OF LIABILITY

MEDICAL RELEASE

In the event that my child needs medical attention while participating in the activity, and I cannot be reached, consent is hereby given for any emergency hospitalization, anesthesia, operation or other medical treatment which might become necessary.

I hereby delegate authority and grant consent in advance for any specific diagnosis or treatment to Faith for Living Church and a doctor/hospital/clinic to exercise their best judgment as to the necessary medical/surgical treatment for my child.

I voluntarily agree to release, indemnify the Ugnayan Churches and its owners, agents, employees and volunteers, from any and all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of my child's participation in the above specified event.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, AND I SIGN IT OF MY OWN FREE WILL.

Signed _____

Date: _____