

Activity Participation Agreement

Activity Information

Sponsor:
Lighthouse Christian Center
3409 23rd St SW, Puyallup, WA 98373
(253) 848-2028

Activity Coordinator: Brandon Sales Phone: 253.848.2028

Description of activity: Incredible Game Night for One Accord (9th-12th Graders)

Date(s) and location of activity: Friday, June 15. 7-9pm at Lighthouse for games; then we'll carpool to Regal South Hill Mall to watch Incredibles 2 in 3D. (Parents, please pick up at the movie theater at 11:30pm) Cost of movie ticket is \$16.

Participant Information (To be completed by participant or authorized guardian)

Name of participant: _____ Birthdate: _____

Year in school: _____ Male Female

Student's email: _____ Student's cell _____

Name of parents/guardians: _____

Address: _____ Phone: _____

Mother's cell: _____ Father's cell: _____

Mother's email: _____ Father's email: _____

Name of emergency contact: _____

Phone (day): _____ Phone (evening): _____

Is sponsor authorized to approve medical treatment? yes no

Is participant covered by personal/family medical insurance? yes no

If yes, name of insurer: _____

Policy or group number: _____

Please attach a copy of insurance card.

Medical Information

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your student's safety and our knowledge, does your student have allergies to -

pollens insect bites medications _____ food _____

2. Please list any special dietary needs: _____

3. Does your student suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma diabetes heart trouble epilepsy/seizure disorder

frequent upset stomach physical handicap other (please list) _____

4. Please list any medications your student is currently taking: _____

Dosage: _____

Medical Information continued

5. Date of last tetanus shot: _____
6. If applicable to this activity, is your student a - good swimmer fair swimmer non-swimmer
7. Does your student wear – glasses contact lenses
8. Please list and explain any major illnesses your student experienced during the last year:
9. Should this student's activities be restricted for any reason? Please explain:

Participation Agreement

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Lighthouse Christian Center (LCC) and its staff of any liability against personal losses of named student.

I/We the undersigned have legal custody of the aforementioned student, a minor, and have given our consent for him/her to attend events being organized by LCC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release LCC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our student's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by LCC, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the aforementioned student.

If a dispute over his agreement or any claim for damages arises, I/we agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I/we and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

We expect each student to conform to these rules of conduct:

- Respect one another, staff and adult leaders
- Respect property
- Respect and comply with event schedules and rules
- Participation with the group is expected
- Wear modest and appropriate clothing (as determined by staff/adult leaders)
- Driving shall be limited to staff/adult leaders (no student drivers)
- Fighting is never justified
- Possession or use of alcohol, drugs, or tobacco is prohibited
- Possession or use of weapons, fireworks, lighters or explosives is prohibited
- The girls' sleeping quarters are for GIRLS ONLY and the boys' sleeping quarters are for BOYS ONLY

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ **Date:** _____

I/We have read the Participation Agreement and rules of conduct and agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Signature: _____ **Date:** _____