

St. Michael & All Angels Episcopal Church

6630 Nall Ave., Mission, KS 66202
Phone (913) 236-8600 FAX (913) 236-5268 www.stmaa.com

Student Activity Enrollment Form / Liability Waiver / Consent for Medical Treatment

I) **Term:** This agreement is valid beginning July 1, 2008 and ending June 30, 2009.

II) Student/Child Information

Last Name	First Name	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Grade
Street	City	State	ZIP	Home Phone ()	
Parent Email			Student Email		

III) Release of Liability

As the undersigned adult I affirm that I am the parent and/or legal guardian of the above referenced minor (Child). I hereby grant permission for Child to participate in activities, events or trips that are conducted, organized and/or sponsored, in whole or in part, by St. Michael & All Angels Episcopal Church (St. Michael's). In consideration of Child being permitted to participate in activities, events or trips I hereby release and hold harmless St. Michael's, it's officers, Vestry, Deacons, directors, employees, agents, representatives and volunteers from any and all liability for any resulting damage or injury that Child may incur.

- 1) I understand that this Release and Waiver of Liability applies to all activities, events and trips and that some activities such as skiing, hiking, swimming, etc., carry with them a higher risk for serious injury.
- 2) I understand that as a result of participating in activities, events or trips my child may be transported by bus, car, or van and that in certain instances transportation may include train or air travel.
- 3) I understand that some events, activities or trips involve overnight or multiple night stays that may be in states other than Kansas or Missouri, and that, in the case of mission oriented trips, travel may be outside the United States.

IV) Agreement to be held responsible for Child's behavior and actions

I understand that all St. Michael's activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

- 1) I hereby agree to be held liable for Child's actions and release St. Michael's from any liability for Child's actions, in the event that such actions or behavior causes damage or injury to property or person.
- 2) I acknowledge that St. Michael's reserves the right to restrict Child's involvement in any activity, event or trip, in whole or in part.
 - a) I further acknowledge that St. Michael's reserves the right to send Child home from any activity, event or trip in which Child has violated rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or the blatant disrespect for authority. **I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of Child being sent home from an activity, event or trip.**

V) **Emergency Contact:** In the event I need to be contacted I can be reached at:

Home Phone ()	Office Phone ()	Other Office Phone ()	Cell Phone 1 ()	Cell Phone 2 ()
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VI) Consent for Medical Treatment

In the event of an accident or injury to my Child, authorization is hereby given to an appropriate adult representative or chaperone of St. Michael & All Angels Episcopal Church to do or arrange for any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power; (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

- 1) I agree to be responsible for costs incurred as a result of medical treatment or hospitalization for Child.

Signature of Parent / Guardian

Date

Print Name

Relationship to Minor Child

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Student Activity Enrollment Form / Consent for Medical Treatment / Likeness Authorization 2008 — 2009

SUPPLEMENTAL INFORMATION

Last Name	First Name	MI	Date of Birth
Primary Care Physician	Physician Phone ()	Date of last tetanus booster:	
Primary Dentist	Dentist Phone ()		
Orthodontist	Orthodontist Phone ()		
Medication Allergies: <input type="checkbox"/> None Known			
Medical Conditions & Other Allergies: <input type="checkbox"/> None Known			
Medications: <input type="checkbox"/> None			
Insurance Information: (Carrier / Policy Number / etc.)			

In the event of an emergency, if I cannot be contacted at the phone numbers I have provided I would like St. Michael's to contact:

Alternate Contact #1

Name (First and Last)	Address		
Relationship	Home Phone ()	Other Phone ()	

Alternate Contact #2

Name (First and Last)	Address		
Relationship	Home Phone ()	Other Phone ()	

Likeness Authorization

I do do not (**check one**) give my permission for my child's and/or my photograph to be used for the purpose of publications and/or on the church's internet website.

Signature of Parent / Guardian _____

Date _____