

**Ignite Youth Ministry**  
**Celebration Church, Akron, OH**  
**Youth Health & Release Form**

***ATTENTION Parents/Guardians and students:** In order for any student to attend any Ignite event or activity, this form must be accurately completed and on file with the student ministries office before the event or activity. Students without a completed health and release form will not be permitted to participate in any event or activity.*

**Student Information**

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

Today's Date (mm/dy/yr) \_\_\_/\_\_\_/\_\_\_ Student's Date of Birth (mm/dy/yr) \_\_\_/\_\_\_/\_\_\_ Male / Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Student's Cell Phone (\_\_\_\_) \_\_\_\_\_

Student SSN \_\_\_ - \_\_\_ - \_\_\_ Student's Email \_\_\_\_\_

**Parental/Guardian Information**

Parents/Guardians Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Student Medical Information**

What medications does your child take? \_\_\_\_\_

\_\_\_\_\_

What major surgeries has your child had? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies (including medications?) \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary needs? \_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with any illnesses? If yes, what? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any communicable diseases? \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

May your child be given over-the-counter pain medications (Tylenol, Motrin, etc.)? YES NO

**Medical Waiver & Consent**

If necessary, I \_\_\_\_\_ (parent/guardian), hereby authorize any approved leader from Celebration Church to obtain any medical or surgical care for \_\_\_\_\_ (child's name), my child. I further understand that should a health problem arise, the leadership will make attempts to notify me or the designated emergency contact previously named.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Risk Waiver & Consent**

Celebration Church take all possible measures to keep participants in events, activities, and services safe. However, there is a risk of injury or illness possible at any event, activity, or service. I as his/her parent/guardian acknowledge and accept the risk.

I \_\_\_\_\_ (parent/guardian) further indemnify Celebration Church, its leaders and all affiliates from any liability and waive my right to any future claim that may arise from any injury or illness resulting from participation in Celebration Church or related events, activities, and services. I give permission for the transportation of my child for the event and for medical treatment as necessary. Further, I accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from misbehavior or violating rules on behalf of my child. I also understand that by allowing my child to participate in the events, activities, and services of Celebration Church I give my consent to allow my child's printed, electronic, or video photograph to be taken and used for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_