

## **Instructions for completion and submission**

- 1.** Please fill out a form for **EACH** child; please **DO** not list multiple family members on one form.
- 2.** Be sure to **SIGN** the form at the bottom of page.
- 3.** Return form to Vienna Presbyterian Church in one of the following ways:
  - a.** Mail: Vienna Presbyterian Church, 124 Park ST NE, Vienna, VA 22180
  - b.** FAX: 703-938-8264
  - c.** Scan and e-mail to [melissa.jensen@viennapres.org](mailto:melissa.jensen@viennapres.org)
  - d.** Drop off at the Student Ministries office at VPC (L-9)
- 4.** Students need to have this form on file to be able to fully participate in all events.

VIENNA PRESBYTERIAN CHURCH  
2011/2012 STUDENT AND YOUTH WORSHIP MINISTRIES  
RELEASE AND HOLD HARMLESS AGREEMENT/MEDICAL INFORMATION FORM

*This form is valid through September 1, 2012*

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Parent's Names \_\_\_\_\_

Guardian Name (if different) \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Known allergies or Physical concerns \_\_\_\_\_

Hospitalization Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list the name of nearest relative/friend (circle one) to be contacted in case of emergency if parents cannot be reached

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

By my signature, I, \_\_\_\_\_ the parent or guardian of \_\_\_\_\_  
grant my permission for him/her to participate fully in activities or trips sponsored by Vienna Presbyterian Church. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Vienna Presbyterian Church from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.
4. An authorization to display photos and first name only of my child for VPC promotional purposes such as, but not limited to, bulletin boards, worship bulletins, worship screens, the VPC website and the SM Facebook page. **Please note:** VPC does not control the disclosure or use of photographs or video taken by participants at events that are open to parents and community members. We encourage all parents to use social media sites (i.e. Facebook, etc.) responsibly.

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date