

Description of Activity: Basketball/Volleyball Tournament
35th Filipino-American Christian Fellowship Convention

Place of Activity: Pacific Christian Center
Santa Maria, CA

Date of Activity: Wednesday, June 29 to Friday, July 1, 2011

PARENTAL CERTIFICATION, CONSENT AND RELEASE

I, _____ am the parent or legal guardian of (*print minor's name*) _____, who was born on _____, 19____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

As a parent or legal guardian of (*print minor's name*) _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending the 35th Annual Fil-Am Christian Fellowship Convention, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

1. Physical activities, both indoor and outdoors;
2. Sports, both informal and organized; and
3. Travel by automobile.

I acknowledge and understand that Filipino-American Christian Fellowship may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this **PARENTAL CERTIFICATION, CONSENT AND RELEASE** have the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen, or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that Filipino-American Christian Fellowship shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any other damages to my child, me, or my family, heirs, or assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release Filipino-American Christian Fellowship from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this **PARENTAL CERTIFICATION, CONSENT AND RELEASE** shall constitute a bar to any recovery by my child, me, or my family, heirs, or assigns or employees for injuries or death to my child, whether or not same resulted in from the negligence of Filipino-American Christian Fellowship, its agents, servants or employees, or due to the negligence of my child, or due the risks ordinarily incident to my child's participation in these activities, or due to the contributory negligence of my child.

I understand that it is my obligation to inform the management of Filipino-American Christian Fellowship of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving Filipino-American Christian Fellowship or its programs.

I have fully informed myself of the contents of this **PARENTAL CERTIFICATION, CONSENT AND RELEASE** by reading it before I signed it.

Signature of parent or guardian

Print or type name

Date

EMERGENCY FORM

Name: _____

Date: _____

WHO TO NOTIFY IN CASE OF EMERGENCY

1ST Choice:

Name: _____

Relationship: _____

Address: _____

Emergency Contact Phone #: () _____ Alternate Phone # () _____

2nd Choice:

Name: _____

Relationship: _____

Address: _____

Emergency Contact Phone #: () _____ Alternate Phone # () _____

Doctor's Name: _____ Name of Clinic: _____

Address of Clinic: _____ Preferred Hospital: _____

Insurance Company: _____ Policy # and Medical #: _____

Any pertinent medical information we should know for your medical record (*such as allergies, etc.*)

_____	_____
_____	_____
_____	_____

Do you take medication on a regular basis? ____ If Yes please list and explain:

_____	_____
_____	_____
_____	_____

Parent Information:

Father's Name: _____ Occupation: _____

Father's Address: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____

CONSENT FOR MEDICAL TREATMENT OF MINOR

I, _____, am the parent or legal guardian of _____, who was born on _____, 19____.

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of _____ or any health care professional duly licensed to provide health care services in the State of _____ for medical care and service deemed necessary by Filipino-American Christian Fellowship, its agents, servants, and employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to Filipino-American Christian Fellowship that no permission or consent from any other person is required by law.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Filipino-American Christian Fellowship of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Filipino-American Christian Fellowship or involving Filipino-American Christian Fellowship or its programs.

Signature of parent or guardian

Print or type name

Date

Note: Should the need for medical attention arise, Filipino-American Christian Fellowship will attempt to contact you, as soon as practicable under circumstances.