

**Grace Community Church of the Sierra**

**Youth Event Registration Form**

I give permission for my child \_\_\_\_\_,

To attend \_\_\_\_\_ on the following dates \_\_\_\_\_

My child is covered by medical insurance: yes \_\_\_ no \_\_\_

If yes, Company Name: \_\_\_\_\_

Policy and Group: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_

Insurance Contact #: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Ph Number(s): \_\_\_\_\_

\_\_\_\_\_  
Date

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

**MEDICAL AUTHORIZATION**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_  
(minor's name), who was born on \_\_\_\_\_.

I hereby authorize Matt Hull or other representative of Grace Church in whose care my child has been entrusted, to consent to medical, dental, surgical or hospital care or diagnosis of my child under Section 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to and medical, dental, surgical or hospital diagnosis, treatment or care to be rendered to or for my child under the general or specific supervision of a qualified physician, surgeon or dentist.

I further authorize Matt Hull or other representative of Grace Church to receive physical custody of my child, \_\_\_\_\_, under Section 1283 (a) of the California Health & Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of my child to the aforementioned adults.

\_\_\_\_\_  
Date

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