

Christian Citizenship Seminar
April 22-27, 2017

Medical Release for Youth & Advisors

I, the parent/guardian of _____, a participant at Christian Citizenship Seminar (CCS), hereby give permission to the CCS staff to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Church of the Brethren to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the CCS staff to secure and administer treatment, including hospitalization, for the person named above.

Participant's Printed Name: _____

Participant's Signature: _____ Date: _____

If 17 or younger, Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____

Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Policy Holder's Employer: _____ Phone: _____

Emergency Contact Name: _____ Relationship to participant: _____

Emergency Contact Email: _____ Emergency Contact Phone: _____

Dietary/Allergy restriction: Vegetarian (circle one)- Yes **No** Other (please list): _____

Assumption of Risk and Release for Youth & Advisors

I understand that by volunteering in and participating in the 2017 Christian Citizenship Seminar of the Church of the Brethren, an Illinois nonprofit organization, I do so at my own risk.

I fully and forever release the 2017 Church of the Brethren Christian Citizenship Seminar coordinators, directors, staff and agents from any and all claims, damages or causes of action, present to future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my service.

I have read, understand and sign the foregoing Assumption of Risk and Release:

Participant's Signature _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____



Participant Covenant for Youth & Advisors

As a participant in Christian Citizenship Seminar, I agree to:

- Uphold the goals of Christian fellowship and personal growth.
- Attend all scheduled activities during the Seminar.
- Refrain from using or possessing any controlled substances (i.e. alcohol, tobacco product), weapons, or illegal drugs.
- Remain in designated sleeping areas and abide by any and all curfews that are set.
- Follow all guidelines and rules established by the leadership.
- Work, play, fellowship and worship to the best of my abilities.

Participant's Signature: _____ Date: _____

Participant's Printed Name: _____ Date: _____

☛ **Please return by April 1, 2017 via:**

Email: CobYouth@brethren.org

Or

Fax: 847.429.4395

Or

Mail: CCS 2017
1451 Dundee Avenue
Elgin, IL 60120