

# Student Ministries Participation Waiver

Student's Last Name:

This waiver covers all Nexus activities for your student and will be kept on file.

## Student Information

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

Gender: M F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School year: 20 \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ School: \_\_\_\_\_

## Parent/Guardian Information

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell Provider: \_\_\_\_\_

Cell Provider: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Over the Counter Medication Authorization

I, \_\_\_\_\_, give permission to the Evangelical Free Church of Crystal Lake's sponsors/leadership to, at their discretion, administer over the counter medication(s) as needed to my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Disciplinary Agreement

I understand that while (*Student's Name*) \_\_\_\_\_ participates in EFCCCL activities, he / she is responsible to abide by the rules set forth by the leaders and supervisory personnel. Any serious infraction of these rules and/or disregard of leadership by him/her can result in dismissal for the program or event. If he/she is dismissed from the program or event, I agree to assume the cost and responsibility of his / her returning home, and of any damages which may have been caused by him/her.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release

Please check one box and sign below:

**YES**, I give permission for my child's image (*Student's Name*) \_\_\_\_\_ to be used on any media (digital, or film photography video photography, audio recording or other documentation) with respect to any EFCCCL ministry event. These media sources may include the church website, Facebook page, printed publications, electronic publications and display in the church building.

**NO**, I do not give permission for photo release.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_