

Liability Release & Medical Consent

The undersigned does hereby give permission for my above-named child to attend this event sponsored by Emmanuel Community Church and to participate in all activities.

I authorize an adult in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Acts on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

please initial

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

please initial

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in the activity sponsored by Emmanuel Community Church.

please initial

The undersigned acknowledges that he or she is advised and aware of the nature of the activities planned for this event. I also understand that there is some risk inherent in such activities. I consent to the minor's full participation in such activities and agree to hold Emmanuel Community Church and its agents and representatives harmless for any injury related directly or indirectly out of such activities or the transportation to or from such activities.

please initial

I further give permission for still or moving images of my dependent to be used by the church for promotional purposes in printed and/or electronic media.

please initial

Signature of Guardian

Date

Insurance Company

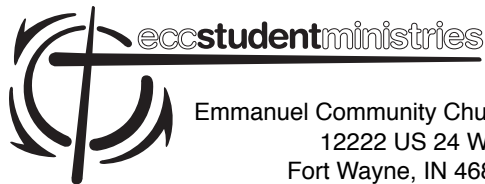
Policy Number

BE A PART OF THE TEAM

TEENS EXPERIENCING ACTUAL MINISTRY

This is the third of four TEAM DAYS on our calendar this year. The last one of the year is coming your way on:

MAY 15



Emmanuel Community Church
12222 US 24 West
Fort Wayne, IN 46814
260.672.3377
www.eccstudentministries.com

MIDDLE SCHOOL

TEAM DAY

MAR 6

TEENS EXPERIENCING ACTUAL MINISTRY

TEAM DAYS provide opportunities for students to serve others in our community of Fort Wayne and surrounding areas. There are four such days that take place through out the school year. Any and all students are encouraged to participate but for those students interested in serving on our annual week-long summer mission trip these days serve as qualifying events of which they must participate in at least two of the four.

TEAM DAY DETAILS

SATURDAY, MARCH 6: Our next TEAM DAY is scheduled for Saturday, March 6 from 8:30 am-12:30 pm. Meet at ECC right at 8:30. Be sure to eat a hardy breakfast before you come. We will work from 9 to noon at Bargains Galore and have you back to ECC by 12:30.

PROJECT DETAILS: For this TEAM DAY we will be serving at Bargain's Galore--a thrift store run by Fort Wayne Rescue Ministries. Our project will involve sorting and tagging clothing and other items that will be placed on the shelves for resale. Dress comfortably!

INFO ABOUT BARGAINS GALORE: Bargains Galore is located on the corner of Lafayette and DeWald streets on the south side of Fort Wayne. They provide gently used clothing, furniture items and small appliances at discounted prices. All the profits from their sales go to support the Fort Wayne Rescue Ministries.

EMERGENCY CONTACT INFO: In the event of an emergency while we are at Bargains Galore, Pastor Brian can be reached on his cell phone at 260.402.1176.

TEAM DAY EVENT REGISTRATION

Are you ready to serve? Signing up is easy. Just follow this quick and easy registration process and we'll get you all hooked up...

- Check with mom and dad
- Fill out this side of the form
- Have your folks read and sign the back
- Rip this portion off and drop it in the Uth Booth by **March 3**.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Grade: _____

E-mail: _____

Medical Concerns/Medications:

Student may be given:

- Tylenol Pepto Bismol
 Benadryl Immodium

keep this side for your info
turn in this side to register for event