



Student Information & Medical Release Form
June 1, 2021 – May 31, 2022

Today's Date: ___/___/___
Student's Name: _____ Birth Date: ___/___/___
School: _____ Grade [2019-20 school year]: _____
Address _____ City _____ State _____ Zip _____

Would you like to receive calendars, postcards, and other mailings from West Side Youth? Yes / No
Student Cell #: (____) _____ - _____ Text Updates? Yes / No
Student Email: _____ Email Updates? Yes / No

Parent/Guardian Info:

Name(s): _____ & _____ Cell #:
(____) _____ - _____ Cell #: (____) _____ - _____ Text Updates? Yes / No Text
Updates? Yes / No

Email: _____ Email: _____
Email Updates? Yes / No Email Updates? Yes / No

Medical Information

Insurance Carrier: _____ Policy #: _____

Allergies [including drug reactions]: _____

Regular medications: _____

Doctor: _____ Doctor's Phone #: (____) _____ - _____

Additional Information: _____

Medical Release and Waiver:

I authorize my child, _____, to participate in West Side Church Youth
activities, and as a condition of his/her being allowed to do so I hereby release and discharge West Side
Church and its constituent organizations and its officers, agents, and employees from any and all claims for
personal injuries or property damage that he/she may suffer as a result of his/her participation in West Side
activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of
the entities or individuals named or described above.

I hereby warrant and represent that he/she is physically fit and capable of taking part in such activities on the basis
of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no
change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor.
I hereby give consent for medical treatment to be given to my child in the event it should be necessary.

Photo/Video Release and Waiver:

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of
said events participation therein, and the publication or other use thereof. I hereby waive any right to compensation
therefore or any right that he/she otherwise might have to limit or control such making or use.

Parent or Guardian Name (print) _____
Parent or Guardian Signature _____ Date ___/___/___
Best Contact Phone (____) _____ - _____
Emergency Contact (other than parent/guardian) _____
Phone # (____) _____ - _____