



TEAM 56 GUEST REGISTRATION

Thank you for providing us with the following information:

Name: _____ M/F Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Grade: _____

Guest of: _____ In Grade: _____

Emergency Phone (cell/pager etc.) #: _____

Health Insurance Co. & Policy #: _____

Special Instructions/Allergies (food, etc.): _____

Having read the information on the back, my signature on this Medical Release Form constitutes my permission for the afore named minor to participate on _____ (date).

Signature of parent/legal guardian: _____ Date: _____

Printed Name of parent/legal guardian: _____

MEDICAL RELEASE FORM

Activity: Team 56 Fellowship, Bible Study & Special Events

The undersigned, parent/legal guardian of the minor child listed on the front of this form, herein authorizes the adult sponsor of Calvary Chapel Modesto for the above stated activities or any responsible adult person bearing this written authorization, into whose said care the aforementioned minor child has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Family Code.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

The parent/legal guardian of the minor child gives permission for photos to be taken for promotion and crafts during Team 56.

CALIFORNIA FAMILY CODE SECTION 6910 AUTHORIZATION OF MEDICAL TREATMENT OF MINORS

Either parent (if both parents have legal custody), or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment