

Emergency Contact Information

Parent (s) Name: _____

Phone: _____

Email: _____

Address: _____

Alternate Contact Name: _____

Relationship to Child: _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Doctor 's Name: _____

Phone: _____

Known Allergies/Special Need/Medical Instructions: **Please also tell a leader verbally if there is an allergy or special need**

We would love your help!

If you would like to volunteer, please check a box below:

I am willing to volunteer for 1 hour:

6PM 7PM 8PM 9PM 10PM 11PM

I can bring snacks. (Granola Bars, Cookies, etc.)

I can bring drinks.

I can bring fresh fruit.

2019 Central Coast

SUMMER

KICKOFF

Activities Include:

Dodgeball

Gagaball

9-Square

Zorbball

Inflatables

Food & Drinks

#tpcyouth

the **Ravine**
waterpark

Central Coast Summer Kick-off

Friday, June 7

12pm-Midnight

This event is to celebrate the completion of another school year & the start of Summer 2019.

All 5th - 12th grade grads are welcome to join.

Meet @ The Ravine 12pm-5:30pm

Temp. Pres. activities (by bus) 6pm-Midnight

Only \$40

Parent Volunteers Needed: We would love your help! Please sign-up on the permission slip to help with this year's event!

Questions? Call/text/email:

Dave Johnson
(508) 424-8408 or **students@fpctempleton.org**
Kerry Estes
(805) 471-1570 or **kerryestes@sbcglobal.net**

Templeton Presbyterian Church 610 South Main Street, Templeton, CA 93465 (805) 434-1921 Waiver-Release & Parent Permission Form

Participant's Full Name: _____

(Last Name) _____ (First Name) _____

Participants Cell Phone if applicable: _____

Event : 2019 Summer Kick-Off

Date : June 7, 2019 @ 12pm - Midnight

Location : Ravine Waterpark & Templeton Presbyterian Church

I wish for my minor child to participate in the activity described above, and as a condition of him/her being allowed to do so, I hereby release and discharge First Presbyterian Church of Templeton, CA and its constituent organizations and their officers, agents, staff, and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of their participation in the activity described above, 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 and mentally fit and capable of taking part in such activity. I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity. I make this warranty and representation on the basis of advice given by me by a duly licensed medical doctor within the last twelve months, and I know of no change in the medical condition since receiving such advice that would affect the opinion of said medical doctor. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of activities. Should it be necessary for my child to have medical treatment while participating in such activity, I hereby give the church personnel permission to use their judgment in obtaining medical treatment. I agree that in the event my child is injured as a result of his/her participating in such activity, including transportation to and from such activity, through the negligence (active or passive) of the church or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance or any available benefit of mine or of my spouse. I agree that in the case of medical insurance or any available benefit of mine or of my spouse does not cover the cost of the expense or if I or my child does not have medical insurance, then I or my spouse will be responsible for the cost of the expense and will not hold First Presbyterian Church of Templeton, CA and its constituent organizations and their officers, agents, staff, and employees responsible for any of the cost. I also hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of such activity and his/her 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 Signature: _____ Date: ____/____/____

Print Name: _____