



# VCC college

## Medical Form

Please print clearly

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

Phone (H) \_\_\_\_\_

Address \_\_\_\_\_

Phone (W) \_\_\_\_\_ (DAD)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (W) \_\_\_\_\_ (MOM)

Birthdate \_\_\_/\_\_\_/\_\_\_     Male     Female

Phone (C) \_\_\_\_\_ (DAD)

Your cell # \_\_\_\_\_

Phone (C) \_\_\_\_\_ (MOM)

**IN CASE OF AN EMERGENCY, PLEASE NOTIFY: (parent/relative please check one)**

Name \_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Relationship:    Parent   

Phone (C) \_\_\_\_\_

Relative   

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Health Insurance?     Yes     No    If yes, name of company \_\_\_\_\_

Phone \_\_\_\_\_    Policy/Group # \_\_\_\_\_

I hereby agree to indemnify and hold harmless the Venture Christian Church, its officers and employees, and any organization co-sponsoring the program, from and against any and all liability for an injury which my son/daughter may suffer, arising out of or in any way connected with their participation in this program. In case of an emergency, arising during or in connection with any activity of the youth department, I/we authorize any person in charge of the activity to consent to medical and/or dental treatment for my son/daughter at my expense. I understand that Venture Christian Church is not obligated to carry any insurance to cover those medical and/or dental expenses and that, if such insurance is carried, coverage will be provided only for expenses in excess of the limits of any other insurance providing benefits. Any disputes arising between Venture Christian Church and participants in this activity will be settled by independent arbitration.

\_\_\_\_\_  
Name (print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMAIL: \_\_\_\_\_