



CONSENT TO TREATMENT OF A MINOR

As Parent/Guardian of the above-named participant, I hereby authorize a duly authorized representative of Grace Community Church to secure any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon in which the medical care is being sought and on the medical staff of any hospital; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the participant by any licensed dentist in which dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of Grace Community Church to give specific consent to any or all such examinations, anesthetic, diagnosis, treatment, or hospital care which the surgeon, physician, or dentist, in the exercise of his/her best judgement, may deem advisable. The Parent/Guardian hereby agrees to fully pay all costs of the medical or dental care incurred for the participant by Grace Community Church under this authorization.

****Parent/Guardian Signature** _____

PARENT/GUARDIAN WAIVER

In consideration of your accepting me or my child for participation in the above-named activity, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by my child that arise out of the above-named activity sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization or damages arising out of the above-named activity, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

****Parent/Guardian Signature** _____

CONSENT TO TREATMENT OF A MINOR

As Parent/Guardian of the above-named participant, I hereby authorize a duly authorized representative of Grace Community Church to secure any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon in which the medical care is being sought and on the medical staff of any hospital; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the participant by any licensed dentist in which dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of Grace Community Church to give specific consent to any or all such examinations, anesthetic, diagnosis, treatment, or hospital care which the surgeon, physician, or dentist, in the exercise of his/her best judgement, may deem advisable. The Parent/Guardian hereby agrees to fully pay all costs of the medical or dental care incurred for the participant by Grace Community Church under this authorization.

****Parent/Guardian Signature** _____

PARENT/GUARDIAN WAIVER

In consideration of your accepting me or my child for participation in the above-named activity, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by my child that arise out of the above-named activity sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization or damages arising out of the above-named activity, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

****Parent/Guardian Signature** _____

A room filled with trampolines....Need I say more!!
Meet at Jump Street
Wednesday, April 7, 2010
at 6:45pm.
455 E. Warner Rd.
Chandler, AZ 85225
480-270-8008

Game time runs from 7-9pm, so be picked up after 9pm



Cost:
\$13 if you pay before April 7, 2010.
\$15 if you pay the night of April 7.

Cost includes 2 hours of jump time.

****IMPORTANT****

Both Grace and Jump Street waivers must be filled out to participate.

Grace Community Church..
1200 E Southern Ave, Tempe, AZ 85282..
www.gccaz.org.. 480-894-2201

Registration Form:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birthdate: ____/____/____

Student Email: _____

Grade: _____ School: _____

In Case of Emergency, Contact: _____

Relationship to Participant: _____

Phone: _____ Alternate Phone: _____

Activity Name: EPIC Jump Street
Date: April 7, 2010

A room filled with trampolines....Need I say more!!
Meet at Jump Street
Wednesday, April 7, 2010
at 6:45pm.
455 E. Warner Rd.
Chandler, AZ 85225
480-270-8008

Game time runs from 7-9pm, so be picked up after 9pm



Cost:
\$13 if you pay before April 7, 2010.
\$15 if you pay the night of April 7.

Cost includes 2 hours of jump time.

****IMPORTANT****

Both Grace and Jump Street waivers must be filled out to participate.

Grace Community Church..
1200 E Southern Ave, Tempe, AZ 85282..
www.gccaz.org.. 480-894-2201

Registration Form:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birthdate: ____/____/____

Student Email: _____

Grade: _____ School: _____

In Case of Emergency, Contact: _____

Relationship to Participant: _____

Phone: _____ Alternate Phone: _____

Activity Name: EPIC Jump Street
Date: April 7, 2010