



MEDICAL/LIABILITY RELEASE FORM

For: All Programs/Activities

From: January 1, 2024 - December 31, 2024

1200 28th St. SE
Grand Rapids, MI 49508
Phone 616.243.3674
Fax 616.243.7557

Date form completed _____

Student Information:

Name: _____		
Last	First	Middle
Birth Date _____/_____/_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: _____
Your Church <input type="checkbox"/> CBC/GR <input type="checkbox"/> Other _____		
Your School _____		

Parent Information:

Parent/Guardian Names:			
_____		_____	
Last	First	Middle	

Last		Middle	
Family Address _____			

City	State	Zip	
Home Phone (_____) _____			
Father Cell (_____) _____		Mother Cell (_____) _____	
OTHER THAN PARENT			
Emergency Contact Person _____		Phone (____) _____	
Emergency Contact Person _____		Phone (____) _____	

Insurance Information:

Insurance Company _____	Policy # _____
Hospital Preference _____	Group # _____
Physician Name _____	Phone _____

*** More needed information on reverse ***

