



# MEDICAL/LIABILITY RELEASE FORM

For: All Programs/Activities

From: September 1, 2021 - October 31, 2022

1200 28<sup>th</sup> 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	_____ First	_____ Middle	
Family Address _____			
_____ City	_____ State	_____ Zip	
Home Phone (_____) _____			
Father Cell (_____) _____		Mother Cell (_____) _____	
<b>OTHER THAN PARENT</b>			
<b>Emergency Contact Person</b> _____		<b>Phone (_____)</b> _____	
<b>Emergency Contact Person</b> _____		<b>Phone (_____)</b> _____	

## Insurance Information:

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

\* More needed information on reverse \*

