



# Youth Group Summer Kick Off!

**for Middle School & High School Students  
including incoming 6th graders!**



**Join us for food, games & swimming  
as we welcome summer  
&  
our new 6th graders!**



**Invite your friends and sign up early!**



**DATE:** Wed., June 3

**TIME:** 6:00pm—9:00pm

**PLACE:** The Rolfe's Home—716 Hilltop Woods Ct., Eureka

**TO SIGN UP:** Add your name to the sign up sheet on the info. table at church and complete the registration form. Please sign up by June 1st so we can be sure to have enough pool passes and snacks!

**WHAT TO BRING:** Your swimsuit and a towel. Also, if you can bring a dessert, bottled water or soda to share with the group, please let Missy know. Thanks!

**COST:** Free!

Questions? Call or email Missy (636)938-3936 or [missyrolfe@hotmail.com](mailto:missyrolfe@hotmail.com)

**Event: Youth Summer Kickoff**

**Event Date - June 3  
Personal Health History / Medical Release Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade in School \_\_\_\_\_ Today I Came with \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

<b>General Information:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

List any medications to be taken: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in this event:  
\_\_\_\_\_

Is this youth free from any communicable disease? If no, please explain. \_\_\_\_\_

Are immunizations current? Yes  No

Date of Last Tetanus Shot \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Telephone \_\_\_\_\_

In consideration for being accepted by the Genesis Church for participation in this Youth activity, I, being 21 years of age or older, do for myself and on behalf of my youth-participant, do hereby release, forever discharge and agree to hold harmless Genesis Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the youth-participant that occur while said youth is participating in the trip or activity.

Furthermore, I, do for myself and on behalf of my youth-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. I am entrusting the care of this person to the adults responsible for this activity. I hereby give permission to the physician selected by these adults to order x-rays, routine tests, and treatments for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adults responsible for this activity, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also authorize said physician or any physician or hospital who has previously treated my child, to disclose any information thus acquired, if requested, to the Ballwin Baptist Church insurance carrier.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

"Periodically, pictures of these events will be taken and used for scrapbooks or other publications. You must give written notice to Genesis Church if you do not want your child's picture included."

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)