

Christian Church of Jasper Discipline Agreement

Personal Information

Full Name

Mailing Address

Relationship to applicant

City of Residence

Zip Code

Home Phone

Cell Phone

Emergency Contact

In the event of an emergency, please contact:

Full Name

Primary Phone

Relationship to applicant

In the event of an emergency, please contact:

Full Name

Primary Phone

Relationship to applicant

Questionnaire

Does your child take prescribed medication?

Yes

No

If, "Yes" please list medications:

Is your child under the care of a physician for an illness?

- Yes
 No

If, "Yes" please list illnesses:

Has your student suffered from an illness or injury or a physical or mental limitation that should be taken into consideration in the event of an emergency?

- Yes
 No

If, "Yes" please illnesses or injuries or limitations :

Guardian Agreement

I _____, the legal guardian of _____, understand and support the role leadership of the Christian Church of Jasper in overseeing and directing this trip.

If my child does not comply with the rules of the trip or his or her responsibilities in preparing for the trip I agree that he or she may be removed from the trip and as a result deposits and payments may not be re-paid.

If my child does not comply with the rules of the trip or his or her responsibilities while on the trip I agree that he or she may be returned home, and I agree that it is my responsibility to pay for the costs associated with returning my child from the trip.

Signature

M	M		D	D		Y	Y
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Date Signed