

## 2008 Participation Waiver

### Student Information:

Name: \_\_\_\_\_ Gender: *m f* DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ (07-08 school yr.)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ School: \_\_\_\_\_

### Over the Counter Medication Authorization

I, \_\_\_\_\_, give my permission to First Evangelical Free Church's sponsors/leadership to, at their discretion, administer over the counter medication(s) as needed to my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Disciplinary Agreement

I understand that while \_\_\_\_\_ (student/sponsor's name) participates in the FEFC Student Ministries activities, he or she is responsible to abide by the rules set forth by the leaders and supervisory personnel. Any serious infraction of these rules and/or disregard of leadership by him/her can result in dismissal from the program or event. If he/she is dismissed from the program or event, I agree to assume the cost and responsibility of him/her returning home, and of any damages which may have been caused by him/her.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date