

STUDENT INFO

Jr. High

2009-2010

Ruth Zylka

Director, Jr. High Ministries



Student Ministries

Hillside Church

545 Hillside Ave • San Jose, CA 95136

408.269.4782

Basic Information

Name _____ Gender: M F Grade (Fall 09) _____

School _____ Birthday _____

Email _____ Student cell # _____

Parent(s) Name(s) _____ Home # _____

Parents cell # _____ Parents cell # _____

Address _____ City _____ Zip _____

Parent's Email _____

Medical Information

Is the Youth Leadership authorized to approve medical treatment? Yes No

Is the student covered by personal/family medical insurance? Yes No

Insurance Company _____ Group/Policy # _____

Insurance Co. Address _____ Insurance Co. phone _____

Known Allergies _____

Prescription Drugs _____

Additional medical information/instructions _____

Parent/Guardian _____ Cell # _____

Signature _____ Work # _____

Parental Permission/Liability Insurance Release:

I hereby give permission for my child _____ to participate in activities and events sponsored by Hillside Student Ministries and agree to indemnify and hold harmless Hillside Evangelical Free Church, its officers and directors, employees and staff, and any other organization co-sponsoring the program, from and against any and all liability which my child may suffer, arising out of or in any way connected with my child's participation in this program. In case of emergency, arising during or in connection with any activity, I authorize any person in charge of the activity to consent to medical and/or dental treatment for my child, at my expense. I understand that Hillside Evangelical Free Church is not obligated to carry any insurance to cover medical and or dental expenses. Any disputes arising between Hillside Evangelical Free Church and participants in this activity will be settled by independent arbitration.

Signature of Parent/Guardian

Date

This information will be kept on file in the office and only needs to be completed once during the 09-10 school year. If there is any change in personal, medical or parental permission/liability release information please notify us in writing immediately.

STUDENT INFO

High School
Bryan Allen
Student Ministries Pastor

2009-2010



Student Ministries
Hillside Church
545 Hillsdale Ave • San Jose, CA 95136
408.269.4782

Basic Information

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School _____ Birthday _____
Email _____ Student cell # _____
Parent(s) Name(s) _____ Home # _____
Parents cell # _____ Parents cell # _____
Address _____ City _____ Zip _____
Parent's Email _____
Emergency contact _____ Contact # _____

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Is the student covered by personal/family medical insurance? Yes No
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Insurance Co. Address _____ Insurance Co. phone _____
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