



Commitment Form for 2023 Medical Form

Fine Arts require the dedication of our students and our parents, so please pray before making this commitment.

Parents/ Guardian Name _____
Parent/ Guardian Email _____
Parents Cell Phone _____

Student's Name _____
Student Cell phone _____
Students Birthdate _____

By **signing this commitment** you are giving permission for your child to participate in the 2023 Fine Arts season. You are also acknowledging that you understand both the Financial and Time commitment and all the requirements that are stated in the guidelines.

*My child will participate in Districts and if their team receives an invitation to Nationals, my child WILL attend nationals in Columbus, OH from July 30th -Aug 5th 2023. I understand what the cost and **that no payment is refundable** unless my child's team doesn't make it to nationals. I also understand that if my child fails to abide by any of the guidelines set by VSC Staff that it may result in removal from any team events.*

By signing you are committing to participate in Fine Arts for the 2023 season. You are agreeing to follow the guidelines, respect the leadership and always give your best.

Student Signature _____ Student Name (Print) _____

Parent Signature _____ Parent Name (Print) _____

Parents and Guardians of dependent children are required to complete this form. The information requested is designed to assist Victory Church in providing safety of participants during practices, Travel to Fine arts event, To district Fine Arts festival in Orlando, and Travel and trip to Columbus, Ohio and any other fine arts activity. This form is not valid without Parental Signature.

Dependent Information

Child's name _____
Child's Address _____
General Information
Fathers and Mothers Name / Legal Guardian Names _____
Fathers Work Number _____
Mothers Work Number _____
Emergency Contact Name and Number _____

Insurance Company Provider _____
Policy Number _____

Medical Questionnaire

List any medications that your child’s presently takes _____

Is your child allergic to any type of medication (list medications)_____

Does your child medically require a special diet_____

Does your child have any allergies other than medical (I.e food)_____

Does your child sleepwalk_____

Does your child have (or has had) any of the following)

Seizures, Diabetes, Asthma, Hay Fever, Heart Murmur, Kidney Disease or other.

Consent, Certification and Assumption of Risk

I, the undersigned, being the parent or legal guardian of the dependent child named above, do hereby consent to dependent child’s participation in Victory Church’s Fine Arts, including but not limited to, all the activities customarily associated with Fine Arts and the trips. I am aware of the hazards and risks associated with such a trip including but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence.

I waive and release any and all claims for damages which I, or my heirs or successors may have against VICTORY CHURCH, the local church sponsoring this trip or any agents, representatives, employees, volunteers and contractors of this organization, arising from my dependent child’s death, injury or illness, or any property damage/loss occurring during the term of his or her assignment or as a result of his or her assignment. I do hereby assume all risk of death, illness or injury that my child may suffer as a result of said assignment from those causes described above.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me, enforceable against me in accordance with its terms.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my dependent child. However, in the event that I cannot be reached, I authorized the calling of a doctor and the provision of necessary medical services in the event my dependent child is injured or becomes ill. I authorize the director or properly appointed staff to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I agree to notify VICTORY CHURCH in the event of any health changes that would restrict my dependent child’s participation. I understand that the adult’s supervisors reserve the right to restrict my dependent child from any activity that they do not feel is within the physical capabilities of my dependent child. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISH AND UNDERSTANDS ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.

PARENT SIGNATURE _____

CHILD’S SIGNATURE _____