



# Grace Hungarian Reformed Church

San Fernando Völgyi Magyar Református Egyház

18858 Erwin St.  
Tarzana, CA 91335

Pastor: Zsolt Attila Jakabffy  
Phone: (818) 344-4276  
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Chief Elder: Attila Antalffy  
Phone & Fax: (818) 344-1885

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## *Sunday School Enrollment Form for 2008-2009 School Year*

**Instructions:** This form should be completed by the enrollee's parent or other legal guardian. Initial each section where indicated and sign and date the general authorization and waiver at the end of the form. Proof of legal guardianship may be requested.

### CONTACT INFORMATION

**Child's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Household Phone: \_\_\_\_\_ Household Email: \_\_\_\_\_

**First Parent or Legal Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Second Parent or Legal Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Persons Authorized to Pick Child up from School:** \_\_\_\_\_

\_\_\_\_\_

**Child's Birthdate:** \_\_\_\_\_

Grade Level for 2008-2009 School Year: \_\_\_\_\_



### INSURANCE INFORMATION

I represent that \_\_\_\_\_ is my covered dependent under the following health insurance policy or HMO contract: **INITIALS** \_\_\_\_\_

Name of Insurer or HMO: \_\_\_\_\_

Policy or Contract No: \_\_\_\_\_ Group No: \_\_\_\_\_

### HEALTH INFORMATION

*Note: Grace Hungarian Reformed Church, its Elders, employees or volunteers will not disclose the provided health information to any third party (other than emergency medical care providers) without your prior written authorization in accordance with the terms of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").*

#### Primary Healthcare Provider

I authorize Grace Hungarian Reformed Church, its Elders, employees, agents and volunteers to contact the following healthcare provider on my child's behalf:

**INITIALS** \_\_\_\_\_

Name of Primary Healthcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

#### Allergies, Special Health Care Needs

Please list your child's allergies or other special health conditions or needs, below:

Allergies: \_\_\_\_\_

Other Special Health Conditions/Needs: \_\_\_\_\_

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## **WAIVER, RELEASE, AND ASSUMPTION OF LIABILITY**

I give permission for my child to attend Sunday School at Grace Hungarian Reformed Church (the "Church"), located at 18858 Erwin Street, Tarzana, California. I understand that this is a youth program that includes Hungarian language and culture classes, Bible and religious classes and activities, as well as participation in folk dancing, basketball, soccer and other sport activities and use of playground equipment including but not limited to swing set, a slide, and monkey bars. I further understand that Sunday School teachers and volunteers are not trained in health and safety issues or procedures, and hereby expressly authorize them, and any other employee or agent of the Church, to obtain all necessary emergency medical treatment for my child in the event I can not be present. In consideration for my child being permitted to participate in Sunday School activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to me, as a result of my child's participation in Sunday School activities. This release is intended to discharge in advance the Grace Hungarian Reformed Church, its Elders, employees, agents, and volunteers from any and all liability arising out of or connected in any way with my child's participation in Sunday School activities, even though that liability may arise out of negligence or carelessness on the part of the Church, its Elders, employees, agents, and volunteers. It is understood that these activities involve an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks on my child's behalf. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

For the purpose of effecting a full, final and complete release of all claims, I expressly waive the provisions of California Civil Code section 1542, which provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I further agree to indemnify and to hold the Grace Hungarian Reformed Church, its Elders, employees, agents, and volunteers free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that my child may sustain while participating in said activities.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE GRACE HUNGARIAN REFORMED CHURCH, ITS ELDERS, EMPLOYEES, AGENTS, AND VOLUNTEERS, AND I SIGN IT OF MY FREE WILL. I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED FOR SUNDAY SCHOOL ACTIVITIES.**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child (must be parent or legal guardian): \_\_\_\_\_