

Grace Life Church Student Ministry 2018-2019

Event Permission Form

Effective Dates: September 1, 2018 — August 31, 2019

Youth Information				
Name	Grade	DOB	Male/Female	
Nickname	School:			
Primary Address:				
Secondary Address:				
Youth Email				
Youth Home Phone	Youth Cell Phone			
Youth Information				
Name	Grade	DOB	Male/Female	
Nickname	School:			
Primary Address:				
Secondary Address:				
Youth Email				
Youth Home Phone	Youth Cell Phone			
Youth Information				
Name	Grade	DOB	Male/Female	
Nickname	School:			
Primary Address:				
Secondary Address:				
Youth Email				
Youth Home Phone	Youth Cell Phone			
Parent/ Guardian Informa	<u>ATION</u>			
Name(s)				
Email(s)				
List all phone numbers where the			.e. home, cell)	
_	#			
	#			
	#			

Name	#	Relation?	
Name	#	Relation?	
PARENTAL CONSENT			
The undersigned does hereby give p	ermission for my child/ch		
to attend and participate in		(child/children's(event name) on	name) ("Participant"), (date).
ministry (Sunday worship, Sunday rehereby release, forever discharge an and teachers (collectively herein the sickness or death, as well as propert undersigned and the Participant whithis Participant hereby grant my perchild care, including trips away from all risk of accidental personal injury activities involved therein. The under	meeting, Activities, Event d agree to hold harmless ("Church") from any and y damage and expenses, on the involved in the children mission for the Participan on the church premises. Further, sickness, death, damage ersigned further hereby ag	ch allowing the Participant to participate in or s, Retreats, Lock-Ins, Trips) and childcare, I Grace Life Church, its pastors, directors, emall liability, claims or demands for accidentate of any nature whatsoever which may be incurally outh activities and childcare. I the parent at to participate fully in children/youth ministrathermore, I, on behalf of my minor Participand expense as a result of participation in regrees to hold harmless and indemnify said Claim or intentional acts of said Participant, included	, the undersigned, do ployees, volunteers al personal injury, rred by the or legal guardian of try activities and pant, hereby assume ecreation and work thurch for any liability
emergency x-ray examination, anest the minor under the general or speci of the Medical Practice Act on the n liable and agrees to pay all costs and aforementioned child or youth pursu EARLY RETURN HOME POLICY	thetic, medical, surgical or al supervision and on the nedical staff of a licensed dexpenses incurred in cor- nant to this authorization.	It, in whose care the minor has been entrusted advice of any physician or dentist licensed to the hospital or emergency care facility. The undernection with such medical and dental service or my child or youth to return home due to return home due to return home due to return home.	care, to be rendered to under the provisions dersigned shall be sees rendered to the
TRANSPORTATION PERMISSION vehicle driven by an approved and l	N: The undersigned does a icensed ADULT chaperon and I understand that SEA	e all transportation costs and responsibility. also hereby give permission for my child/yout while attending and participating in activity at BELTS MUST BE WORN AT ALL TIM	ties sponsored by
Name of youth participant	x_ Signature o	of youth participant Date	
Name of youth participant	x Signature o	of youth participant Date	
Name of youth participant	x_ Signature o	of youth participant Date	
Name of youth participant	xSignature o	of youth participant Date	
Name of parent/guardian	x_ Signature c	of parent/guardian Date	