

Faith Christian Community  
**Youth Activity Permission Slip 2016**

**Student Information**

Student's Name _____	State/Province _____
Address _____	Zip/Postal Code _____
City _____	Birth Date _____ Grade _____
Home Phone _____ Cell Phone _____	E-Mail _____

**Parent/Guardian Information**

Father's/Guardian's Name _____	Mother's/Guardian's Name _____
Relationship to student _____	Relationship to student _____
Phone _____ Work _____ Cell _____	Phone _____ Work _____ Cell _____
E-Mail _____	E-Mail _____

**Emergency Information**

Family Physician _____	Phone _____
Allergies, Chronic Illness, Other Conditions _____	
Insurance Carrier _____ Text _____	Policy Group _____
Insurance Address/Phone _____	
Other Emergency Contact _____	Phone _____

**General Release/Hold Harmless Agreement**

**Treatment for Injury:** I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/guardian.

**Desire:** The student above desires to participate in the programs, events, or activities (herein collectively referred to as "Activities") operated or sponsored by Faith Christian Community (hereinafter referred to as the "Church").

**Possibility of Injury:** The student above may incur personal injury or bodily damage while participating in such Activities.

**Necessity of Permission Slip:** The student cannot participate in such activities without releasing and holding harmless the Church.

**General Release and Discharge:** I, the undersigned, request that the Church allow the student to participate in the Activity and in consideration thereof agree to hereby release, and forever discharge the Church, their officers, directors, employees, and any parties volunteering on behalf of the Church from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the activity.

**Release for Injury and Damage:** I acknowledge that this is a full and complete release for all injuries and damages which the above student may sustain as a result of participating in the Activities.

Therefore, being the parent or legal guardian of student named above, I give my permission for her/him to participate in/attend Activities under the direction and supervision of Faith Christian Community.

This permission form shall stay valid from the date signed until **December 31, 2016** unless revoked in writing by the undersigned.

**Photo Release:** I hereby grant permission to Faith Christian Community to use my child's photograph for publication or in other official church publications in any lawful manner they deem appropriate for promotional purposes.  Yes  No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date