

CAMPUS LIFE 6 Bus Transportation Permission Slip
(Must be signed by parent/guardian)

Transportation/Event/Trip: 6th grade Campus Life Child's Name (Please Print) _____
Date(s): School year 2012-2013 (only have to fill out one form; good for the entire school year)

1. We in the event of an emergency, the undersigned, hereby appoint the following adult leaders of this activity: ANY YFC REPRESENTATIVE, each to act alone, and delegate to each such person the power to consent on my/our behalf to all emergency treatment and/or medical care (except elective surgery) of **(child's name)** _____ determined to be necessary or desirable by a physician, surgeon, or dentist (as appropriate) licensed to practice in the laws of the state/province where the services are rendered, either at a doctor's office or hospital.
2. This Release Form shall continue until revoked by the undersigned, or for 8 months after its date, whichever is earlier.
3. I/We take full responsibility for the behavior conducted by the child listed above and I/We also take full responsibility that the above mentioned child will not be in possession or usage of any tobacco product, illegal substances or any alcohol during the scheduled activity. If the child is in violation they are subject to be removed from the program and any potential expenses involved do to damage are the responsibilities of the legal guardian.
4. I understand that there are risks of physical injury associated with this activity. In addition I understand that there may be other risks associated with these activities that I might not be presently aware. In consideration of your accepting me or my child for participation in the above bus transportation, I hereby wave and release any and all rights and claims for damages that I, my spouse, or my child may have against Youth For Christ and its affiliates, agents, volunteers, employees, representatives, successors and assigns for any and all injuries and all injuries suffered by me or my child that arises out of the bus transportation sponsored by Youth for Christ.
5. The undersigned certify that they have read and that they understand this Release Form
One parent having custody of the child must sign this form. If there are no parents, this form must be signed by the legal guardian.

Signed _____ Date ____/____/____
Parent/Guardian Signature

Student's Home Address: _____
(Street) (City)

Student's Home Phone: (____) _____ Student's Birthday: ____/____/____

Emergency Contact Information:

#1. Name/Relation: _____ Phone #: _____

#2. Name/Relation: _____ Phone #: _____

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