

PARENT INFORMATION & RELEASE FORM

FOR COMMUNITY CHRISTIAN CHURCH



Family Name (Last Name): _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent/Legal Guardian: _____ Cell: (_____) _____

CHILD 1

Name: _____ Date of Birth: ____ / ____ / ____ Age: _____ Gender: M F

Any medical conditions, allergies, medications, or information: No Yes (If yes, please specify below)

Physical limitations/Exception of Activities: _____

Additional Information/Notes: _____

CHILD 2

Name: _____ Date of Birth: ____ / ____ / ____ Age: _____ Gender: M F

Any medical conditions, allergies, medications, or information: No Yes (If yes, please specify below)

Physical limitations/Exception of Activities: _____

Additional Information/Notes: _____

CHILD 3

Name: _____ Date of Birth: ____ / ____ / ____ Age: _____ Gender: M F

Any medical conditions, allergies, medications, or information: No Yes (If yes, please specify below)

Physical limitations/Exception of Activities: _____

Additional Information/Notes: _____

CHILD 4

Name: _____ Date of Birth: ____ / ____ / ____ Age: _____ Gender: M F

Any medical conditions, allergies, medications, or information: No Yes (If yes, please specify below)

Physical limitations/Exception of Activities: _____

Additional Information/Notes: _____

If you can not be reached in case of an emergency, please provide the name and contact information for another adult who can be contacted.

Name: _____ Relation to Child: _____ Cell: (____) _____

In the case of illness or injury while your child is at the activity/event, should you have medical insurance, your carrier will be billed for medical charges.

Do you have health insurance? No Yes (If yes, please specify below)

Name of Insurance Company: _____ Policy Number: _____

Group Number: _____ Name of Insurance Holder: _____

As the parent/legal guardian of _____, I/we have reviewed the information provided about the Community Christian Church activity/event and give my/our permission for the child/children of this release form to be involved in the overall activities and in the specific activities of _____.

This permission slip includes the release to transport the child/children to and from the event. I/We have reviewed the rules of the activity and agree that the child/children of the release form will abide by them. I/We also acknowledge that if the child/children of the release form need to return home early for discipline violations or illness, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child/children of this release form during the activity/event to be used, distributed, or shown as Community Christian Church sees fit.

I/We understand all reasonable safety precautions will be taken at all times by Community Christian Church and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Community Christian Church, its leaders, employees, agents, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the child/children of this release form during this activity/event.

In the event of illness, injury, or medical emergency, I/we give Community Christian Church and its representatives permission to authorize the release of any medical information and/or administer care if needed to the child/children of this release form, including transporting the child/children if necessary.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Child 1 Signature: _____ Date: ____ / ____ / ____

Child 2 Signature: _____ Date: ____ / ____ / ____

Child 3 Signature: _____ Date: ____ / ____ / ____

Child 4 Signature: _____ Date: ____ / ____ / ____