

Christchurch Baptist Fellowship Permission Form

NAME _____

FULL ADDRESS _____

PHONE: _____

AGE OF CHILD & B-DAY _____

ACTIVITY _____

DATE: _____

INSURANCE COMPANY _____

POLICY NUMBER _____

PHYSICIAN _____

I give permission for my child to attend the above named activity, which is sponsored by Christchurch Baptist Fellowship. In case of illness or injury I desire that he/she receive emergency medical care, and hereby give my permission for the necessary treatment by activity leaders and/or medical personnel.

In signing this form I free Christchurch Baptist Fellowship and its volunteers of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury in connection with participation in the described activity.

Date: _____

Signature of Custodial Parent/Guardian