

# Naples Christian Youth Ministry

## Trip and Event Authorization and Release Form

Please complete information, sign & date the back of form and sign & date front in presence of a notary.

We (I), the undersigned parent(s) or guardian(s) of \_\_\_\_\_ (**Students Name**) hereby authorize and approve the said student's participation for all the trips and activities with Naples Christian Church he or she participates in from January 1, 2018 through December 31, 2018.

The undersigned hereby releases Naples Christian Church, it agents, employees, members, sponsors, ministers and vehicle drivers from liability, claims, demands, actions and causes of action whatsoever arising out of, or related to, any loss, damage or injury which may be sustained by the above referenced said student or the undersigned parent or guardian while the said student is traveling to or from, or participating in, any church activities or trips.

In the event of an accident or injury to the above named student, when time is of the essence, I hereby authorize the event sponsor(s) to seek and authorize medical treatment by the best available medical personnel.

By signing this form, I authorize the likeness of my child to be used in any future promotions for the church.

Parent(s) or Guardian(s) full name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_ Work Number: \_\_\_\_\_

IF you are not available contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance company Phone number: \_\_\_\_\_

Insurance Subscriber's name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Please list any allergic reactions or medications your child has:

\_\_\_\_\_

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Parent or Guardian \_\_\_\_\_ Executed \_\_\_\_\_ (Date)

State of Florida County of \_\_\_\_\_  
Subscribed and sworn to (or affirmed) before me (Date) \_\_\_\_\_ by (Name) \_\_\_\_\_.

Who is/are personally known to me or has/have produced (Type of ID) \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature) (**Notary Public**) \_\_\_\_\_ (**Name of Notary Printed**)

**(please see other side)**

Naples Christian Church 8000 Goodlette Rd. N. Naples, Florida 34109 (239) 597-4411

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## Behavior Acceptance and Acknowledgement

### Parent(s) Section

We (I), the undersigned parent(s) or guardian(s) of \_\_\_\_\_ (**Students Name**) hereby acknowledge that in the case of severe misconduct and our child has to be removed from the current trip or activity, we agree to either travel to or make travel arrangements to the current location and pick our son/daughter up.

We (I) further agree that to the best of our/my knowledge our/my son/daughter will not have any illegal substances, alcohol, weapons, condoms, tobacco products, sexual explicit material, or anything similar in their possession that would cause them to be removed from the trip. The undersigned also understand Naples Christian Church has the right to search the bags of anyone at anytime to check for the above named items.

Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_