

**CORNERSTONE CHRISTIAN CHURCH  
PARENTAL RELEASE FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I give permission for my child (named above) to join Cornerstone Christian Church, Duncannon, PA for the **LOW IMPACT PAINTBALL DAY TRIP, on JULY 14, 2018**, Including transportation to and from **WANNA PLAY PAINTBALL in DILLSBURG, PA**. I hereby release Cornerstone Christian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a physician's office or in any hospital. I expect to be contacted as soon as possible.

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

(Print Name) \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

**Medical Information**

List any health disorders or surgeries \_\_\_\_\_

\_\_\_\_\_

List any allergies \_\_\_\_\_

\_\_\_\_\_

List any current medications (including dosage and times) \_\_\_\_\_

\_\_\_\_\_

( Two Sided! Complete Both!)

