

Appendix B

ROUND ROCK PRESBYTERIAN CHURCH
4010 SAM BASS ROAD
ROUND ROCK, TEXAS 78681
512/244-2152

RELEASE/PERMISSION FORM FOR CHILDREN & YOUTH ACTIVITIES

A separate form needs to be filled out on each Youth

Name _____ Birthday ____/____/____ Age _____ Grade _____

Address _____ Home Phone _____ - _____

Youth Cell: _____ Youth Email Address: _____

Parent's (Guardian) Name _____

Dad's Cell Phone: _____ - _____ Mom's Cell Phone: _____ - _____

Dad's Email: _____ Mom's Email: _____

FAMILY PHYSICIAN _____ PHONE _____

List Allergies: _____

Hospitalization Insurance: _____ Policy #: _____

Emergency Contact Name (not parents): _____

Phone: _____ - _____ Relationship: _____

*Other Important Information That We Need To Know: _____

***When completing the above section, please note that Youth Group Activities throughout the year will include some water activities and other exertion activities. Any special cautions or concerns about your youth should be noted in the space provided above.**

Please check as appropriate

My youth () has () does not have permission to participate in water activities, in consideration of any special information as noted above.

My youth () has () does not have permission to participate in exertion activities, in consideration of any special information as noted above.

I () give () do not give my permission to have photos of my child/youth displayed on the RRPC and/or Youth Group Website.

ALL 20__ - 20__ CHILDREN & YOUTH ACTIVITIES

I (we), the undersigned parent(s) or guardian(s) of the above named child/youth, do hereby release and discharge the ROUND ROCK PRESBYTERIAN CHURCH and its representative and staff from all liability of any kind, upon any claim or course of action which might be asserted in behalf of said minor against said church, representative, or staff. Furthermore, in the event of an accident, if staff is unable to contact a parent or guardian, I (we) hereby grant permission to said staff to administer necessary first aid and/or to take the child/youth to the nearest hospital or medical facility for additional treatment.

Parent's (Guardian) Signature: _____

Date: _____ Children/Youth Sponsor Initials: _____