

New Life Youth ROCKS Permission Slip

Personal Information (All information supplied will be kept confidential)

Child's name: _____
Address: _____
City: _____ Zip code: _____
Email: _____ Date of birth: _____
Allergies or other medical conditions: _____

Child lives with Mother _____ Father _____ Both _____
Mother's name: _____ Phone: _____
Mother's Email: _____
Father's name: _____ Phone: _____
Father's Email: _____

Preferred method of communication: Text _____ Email _____ Facebook _____

In the event of an emergency and the parents cannot be reached please contact:
_____ Phone: _____ Relationship to
the child: _____

Primary Insurance Company: _____
Phone #: (_____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/children: _____
ID #: _____ Group/Policy #: _____

To the parent(s) or guardian:

The undersigned does hereby give permission for the participant named above to attend and participate in activities sponsored by New Life Community Church of Norton Shores, MI.

We (I) authorize an adult, in whose care the minor has been entrusted, to secure any emergency medical or dental care or treatment that may be necessary for my child. I assume all responsibility for costs (such as doctor, hospital, medicine, etc.) that may be incurred.

We (I) give permission for my child's picture to be used in electronic or print advertising or for promotional purposes

We (I) give permission for my child to ride in any vehicle designated by the adult in charge while attending and participating in activities sponsored by New Life Community Church. We (I) also understand that I am responsible for all cost of medical treatment should a traffic accident occur during the transportation to or from any activity.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Signature of parent(s) or guardian Date