

Activity / Parent Consent Form For Participation

We hereby give permission, as parent/s or guardian/s of _____, to participate in programs and activities of the Glendale Christian Church (GCC) under the direction of the Youth/Children Ministries. It is understood and acknowledged that such programs may involve transportation of my minor child/ren from the GCC building by the ministry staff, sponsors or other adults selected by them. This permission shall remain in effect for the calendar year _____, or until revoked by the parent or guardian in writing.

I understand that my child will be asked to participate fully in all activities and will be expected to abide by all rules and policies of the Glendale Christian Church. I have been advised of the nature and extent of the activities in which the participants may be involved.

I understand that the Glendale Christian Church, or sponsors is not responsible for the loss of clothing or personal property while my child is involved in GCC sponsored events.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against GCC, its sponsors, volunteers for and against any and all injuries and damages of any nature, including death, which my child may suffer while participating in youth/children activities. I further understand and assume all risks associated in participating.

Print name of minor (under 18): _____

Signature of minor: _____ Date: _____

Print name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Child's Address: _____

Home Phone: _____ Cell Phone: _____

Child's date of birth: _____

Emergency Contacts: _____
(Name) (Phone) (Cell)

Emergency Contacts: _____
(Name) (Phone) (Cell)

Emergency Contacts: _____
(Name) (Phone) (Cell)

Physician: _____
(Name) (Phone)

Insurance: _____
(Policy Holder) (Company) (Policy #)

Known allergies: _____

Known medical problems: _____

Regular Medications _____
Dosage Reason taken

On case of emergency, I /We understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give consent to any and all urgent medical care and treatment for the above child deemed medically necessary. I hereby agree to accept financial responsibility for all such care and treatment provided on behalf of the above child.

Parent/Guardian Signature Date

The Glendale Christian Church has my permission to use pictures of my child and quotes for publicity purposes. Consent is given to the GCC leadership, staff, employees, and cooperating entities to use my name, pictures, likeness, writings, or biographical information or audio or video tape recordings of me for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of the Glendale Christian Church without compensation for such usage.

(Yes) (No)

Parent/Guardian Signature Date