

CRESTVIEW PRESBYTERIAN CHURCH
YOUTH MINISTRIES

Permission Slip and Liability Release Form

Name: _____ Phone Number: _____

Address: _____

<u>Parent's Name(s):</u> _____ _____	<u>Home Phone:</u> _____ _____	<u>Work Phone:</u> _____ _____	<u>Cell Phone:</u> _____ _____
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Emergency Contact (other than parents):

Name _____ Phone Number(s) _____

Insurance Information:

Name of Insurance Carrier: _____ Phone: _____

Responsible Party: _____ Group # or I.D.: _____

Release

I give permission for my child to participate in the programs of Crestview Presbyterian Church both on church grounds and/or off-site field trips.

In case of medical emergencies I give permission for representatives of Crestview Presbyterian Church to seek medical help if I cannot be contacted prior to emergency room treatment.

I will not hold Crestview Presbyterian Church or youth sponsors legally liable for accidents or resulting physical injuries that may occur during youth activities.

Signed: _____ Date: _____