

First Christian Church Activity Permission Slip



Child's name _____ Age _____

Birthdate _____ Grade _____

Allergies/physical limitations/medications/special needs: _____

Parent/Guardian _____ Home phone _____ Cell _____

Address _____ E-mail _____

I prefer to receive information about church programs for youth and children via (check one only)

_____ e-mail _____ text message _____ phone call

Other: _____

I will help with the program in this way: _____

(Bring food, chaperone, drive, donate supplies, shop for supplies, make phone calls, lead an activity)

Parent/Guardian _____ Home phone _____ Cell _____

Address _____ E-mail _____

I prefer to receive information about church programs for youth and children via (check one only)

_____ e-mail _____ text message _____ phone call

Other: _____

I will help with the program in this way: _____

(Bring food, chaperone, drive, donate supplies, shop for supplies, make phone calls, lead an activity)

I give my child, _____, permission to participate in the programs offered for youth by First Christian Church, Albany, OR. Some programs may include activities off site and involve transportation. Recognizing that the staff of these programs will do everything possible to provide for the safety and supervision of the attendees, I release the volunteers and paid staff of the First Christian Church of Albany from liability regarding any incident which may arise during an event. In the event of an emergency, I give permission to the leaders and staff to obtain whatever medical attention is necessary for the health and well-being of my child and I will be responsible for payment of the expenses incurred.

Insurance carrier _____ Insurance number _____

Parent/Guardian's signature _____ Date _____

If a parent/ guardian can't be reached, I give permission for my child to be released to the care of:

Name _____ Phone _____