

Form 2
Heritage Christian Reformed Church

Youth Group _____ Coordinator _____

I, parent / guardian (circle one) of _____ (child's name), give my permission for her/him to attend all youth group activities both on and off church property during the dates between _____ and _____.

Any known allergies, illnesses, medications, or health conditions _____

Child's date of birth ____/____/____

In emergency, please contact _____ phone _____

My home phone _____ My work phone _____

Doctor's name _____ Doctor's phone _____

Health Insurance company _____ Policy # _____

I give permission to the leaders of the youth group to obtain necessary medical care for her/him in my absence, if they are unable to reach me.

I release the youth group and its leaders of any liability when they have acted in good faith to obtain necessary care for my child.

I understand that in the event of her/his willful serious misbehavior, I will be called and asked to provide her/him transportation home.

I understand that photographs and videos are regularly taken at activities of Heritage CRC. I give permission for my child to be photographed or videotaped for use in promoting youth activities, whether in print, video, or on the internet.

(signature) _____ (date) _____