

Annual Permission/Medical/Release Form

Clayton Christian Church
Annual Permission/Medical/Release Form

Permission Form

The parent(s)/legal guardian(s) recognizes that _____ (enter full name)

with a birth date of _____ (enter birth date) may participate in any and all church-sponsored activities during the entire year of _____ (enter current year).

I have read, understood, and will abide by the release as printed below.

Parent's/Legal Guardian's

Signature: _____ Date: _____

Medical Form

In case of emergency, please contact:

Name _____ Phone _____

Address _____

Alternate Contact for Emergency:

Name _____ Phone _____

Health Insurance Company _____

Policy # _____

Medical Information: Please list any pertinent health information that pertains to you.
(i.e. severe allergies, prescription medicines)

Release Form

This release is executed between Clayton Christian Church and the person/parent(s)/legal guardian(s) of the name that is listed above. Such release applies for any and all loss or damage, and any claim or damage resulting from any church sponsored activity in which the person listed above is involved.

For our youth, the parent(s) recognizes and affirms that youth activities may be hazardous and include but are not limited to: hayrides, horseback riding, skiing, tubing, rafting, amusement park rides, and any other activity in which the church youth may engage. The parent(s)/legal guardian(s) recognizes that their youth participate in such activities at their own risk, that they voluntarily assume those risks, and that they are fully familiar with all of the inherent dangers.

By signing this form, the person/parent(s)/legal guardian(s) also release all youth leaders, pastors, and/or any member of Clayton Christian Church from any liability whatsoever, including but not limited to, on account of first aid treatment or service rendered to the person/youth during participation in any church activity. In case of emergency, every effort will be made to contact parent(s)/legal guardian(s). Signature of this release form hereby grants permission for any person/youth to receive all necessary medical treatment (unless written otherwise on this form).

The person/parent(s)/legal guardian(s) further states that he/she has carefully read this release and knows the contents thereof, and signed this release of their own free act.

Person/Parent(s)/Legal Guardian(s)

Signature: _____ Date _____