

I give permission for my child _____ to participate in this Youth Ministry event that is held at a location away from New Life Community Church during the following date(s) _____.

In the case of medical emergency, I understand every effort will be made to contact parents or legal guardians. In the event I cannot be reached, I hereby give my permission to New Life Community Church administration to seek professional medical attention including hospitalization, securing proper treatment, ordering injection, anesthesia, or surgery for my child. I do/will not hold New Life Community Church and any of its appointed leaders liable for injuries sustained by my son and/or daughter.

PARENT/GUARDIAN NAME (Print please) _____

Signature of Parent/Guardian _____ Date _____

Insurance Name & Policy Number _____

Phone number(s) you can be reached at _____

I submit to the authority of the Youth Group leadership during this event.

Signature of Student _____ Date _____

I give permission for my child _____ to participate in this Youth Ministry event that is held at a location away from New Life Community Church during the following date(s) _____.

In the case of medical emergency, I understand every effort will be made to contact parents or legal guardians. In the event I cannot be reached, I hereby give my permission to New Life Community Church administration to seek professional medical attention including hospitalization, securing proper treatment, ordering injection, anesthesia, or surgery for my child. I do/will not hold New Life Community Church and any of its appointed leaders liable for injuries sustained by my son and/or daughter.

PARENT/GUARDIAN NAME (Print please) _____

Signature of Parent/Guardian _____ Date _____

Insurance Name & Policy Number _____

Phone number(s) you can be reached at _____

I submit to the authority of the Youth Group leadership during this event.

Signature of Student _____ Date _____