IMPACT 710 Release Form

Dear Parent or Guardian, For the year _______ (fill in year)

Please fill out the following information for our Youth Ministries program. This permissions slip must be completed and signed in order for your child to participate in all events held at Community Bible Church. A separate form will be needed for all outside events. ONE FORM MUST BE COMPLETED FOR EACH CHILD. PLEASE PRINT.

Student's name ____

Address ____

City ______________________________ State ____________________ Zip _____________

Phone ___________________ Age __________ Birthday ________________ Grade__________

Parent/Guardian ____

I the undersigned parent/guardian of _________________________, do hereby authorize the adult sponsor of the AMPT youth program bearing this written authorization, into whose said care the above minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility, <u>in the case of emergency.</u> The medical/dental care is to include, but is not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist, in the exercise of his best judgment, may deem advisable. This authorization shall include transportation to/from medical facility, and medical care or dental care.

Financial Responsibility
In the event of injury or illness to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities at Community Bible Church.

Risk
(Athletics, games, travel, hiking, climbing, projects, weather, hobbies, and other activities). I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child/ward to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against Community Bible Church, staff or sponsors as a result of any injury suffered in the course of my child/ward's participation.

I have read and understand the terms of this agreement.

Parent/Legal Guardian's Signature ________________________________ Date ________

Emergency Contact Name:________________________Number:______________________

____ Drug Allergies	____ Asthma	____ Hay Fever	____ Insect Stings
____ Diabetes	____ Cardiac	____ Chronic Asthma	____ Epilepsy
____ Nervous	____ Physical Disorder	____ Emotional Disorder	____ Seizure

If you have checked any of the above, please give details________________________________