



TEAM CHURCH



Family Activity & Event Release & Consent Agreement

Date: _____ (This consent will be applied for the school year _____)

PARENT'S NAME: _____

Family Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Dad Cell _____ Mom Cell _____

Email #1: _____

Email #2: _____

Child #1 Name: _____

Birth Date: ____ / ____ / ____ Current Grade: _____

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: _____

**Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: _____

Child #2 Name: _____

Birth Date: ____ / ____ / ____ Current Grade: _____

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: _____

**Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: _____

Child #3 Name: _____

Birth Date: ____ / ____ / ____ Current Grade: _____

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: _____

**Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: _____

Child #4 Name: _____

Birth Date: ____ / ____ / ____ Current Grade: _____

T-Shirt Size: YS YM YL S M L XL 2X

Any medications on a regular basis? Yes / No

If yes, please list and describe: _____

**Note: If you are medication during a trip off campus, please notify chaperone in charge.*

Please list any allergies: _____

Emergency Contact Information - In the event a parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Insurance Information - Insurance information is required for any trips off church campus or overnight stays.

Insurance Company: _____ Policy #: _____

Policy Holder's Name: _____

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any all right and claims for damages which I may have or which may hereafter accrue to me against Team Church, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with or arising out of my traveling with, participation in and returning from any activity or event sponsored by Team Church. The minors and others whose names and signatures are attached to this document do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by his or her physician and surgeons. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the necessary care for my child's well being. In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signature to this document.

Signature of Parent or Guardian: _____