

**TRINITY ASSEMBLY OF GOD
PERMISSION/RELEASE FORM***

I do hereby give permission for my child to attend the activity stated below with Trinity Assembly of God ministry leaders. I will not hold Trinity Assembly of God Church or any of it's personnel, staff or workers responsible for any injuries that my child might receive on or because of this outing.

Activity: _____

Date(s) of Activity: _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Medical problems or disorders (diabetes, nose bleeds, sleepwalking, etc.) of which workers/medical staff should be aware? Yes No

If yes, please briefly explain. _____

Emergency Contact Information

Parent/Guardian's Phone: Home: (____) _____

Cell: (____) _____

Other relative or friend (in case parent cannot be reached):

Name _____

Relationship _____

Phone (____) _____

Insurance Information

Name of insurer: _____

Policy/Group: _____

I hereby give permission to attend the event and treat my child in case of an emergency.

Parent's Name (Print) _____

Parent's Signature _____

Date _____

***A permission form must be completed for all teens under the age of 18 for every youth activity off the church property.**