



**KIDZ ROCK!**

# CHILDREN'S ACTIVITIES **2011-2012**

## **PERMISSION/LIABILITY FORM**

*The following liability release is for all East Gate Church of the Nazarene KIDZROCK! Church Activities for the 2009 – 2010 season. We will not be requiring a new form for each activity, therefore if any medical conditions or emergency contacts/phone numbers changes please inform Children's Ministry (Suzanne Cook (540)354-9305; Office: 343-9530).*

We, the undersigned parent(s) or legal guardian(s) for \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless EAST GATE CHURCH OF THE NAZARENE and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in EGN CHILDREN'S CHURCH ACTIVITIES FOR THE 2011 – 2012 SEASON.

Furthermore, we agree to assume all responsibilities for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in 2011 – 2012 EGN CHILDREN'S CHURCH ACTIVITIES and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

**CHILD'S NAME:** \_\_\_\_\_

### **TRANSPORATION RELEASE**

We, the parents of \_\_\_\_\_, do hereby give consent for our son/daughter to be transported in the designated vehicle of EAST GATE CHURCH OF THE NAZARENE Children's Ministry for Children's Ministry / Church Activities.

### **MEDICAL RELEASE**

Child's full name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's work phone \_\_\_\_\_

Father's work phone \_\_\_\_\_

Mother's cell phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_

Parent's Email \*NOT REQUIRED \_\_\_\_\_

***In case of emergency and the custodial parent cannot be reached, contact:***

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Physicians name and number \_\_\_\_\_

Insurance company and policy number \_\_\_\_\_

Known allergies, physical limitations, or medications \_\_\_\_\_

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***By signing this liability form, you are authorizing participation and medical and liability release for your child for any or all activities they may participate in during the course of our yearly schedule.***

Parents/Guardian signature

\_\_\_\_\_ Date \_\_\_\_\_

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Parents/Guardian signature

\_\_\_\_\_ Date \_\_\_\_\_