

Chinese Church In Christ North Valley

Permission Slip for Church Activities

Participant's Name: _____ Grade Level: _____ Age: _____

I, _____ (Participant's Parent/Guardian's Name), hereby grant permission for my child, _____ (Participant's Name), to participate in the CCICNV Church activities. I acknowledge that there are inherent risks associated with any activity, and I assume full responsibility for those risks. I understand that it may be necessary for emergency medical treatment to be administered if an injury or illness occurs during activities. I grant permission to an adult _____ of these activities, my appointed agent if needed, to provide consent for any medical diagnosis or treatment including x-ray examinations; dental services; surgery and hospital care advised by a licensed physician, surgeon or dentist in the state where these services are rendered. This may include visits at a doctor's office as well as hospitals. I understand that it is incumbent upon me and/or my child to follow all rules as set forth by the church concerning these activities. Further, I acknowledge that any misconduct or misbehavior on the part of my child or myself may result in immediate dismissal from these activities, at the sole discretion of the church staff. I also agree to release and hold harmless the church and its staff from all liability related to injury or illness that may occur to my child in relation to these activities. In the event of an emergency, I consent to medical treatment provided by a doctor or hospital of the church's choice. I have read and understood all regulations associated with these activities, as well as the above statements.

* This agreement starts from date : _____ / _____ / _____ to date: _____ / _____ / _____

*Participant's Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____

*Participant's Parent's/Guardian's Cell Phone Number: _____

*Participant's Parent's/Guardian's Email: _____

*Home Address: _____

*Appointed Agent: _____ Cell Phone Number: _____

*Approval by Children Minister: _____ Date: ____ / ____ / ____

*Approval by Elder: _____ Date: ____ / ____ / ____