



## 2018-2019 Church Participation and Transportation Permission Slip and Liability Wavier

*This form is to be filled out and signed by a parent or legal guardian BEFORE any child may ride the church van and/or participate in any activities at Brock United Methodist Church.*

### Please Print

Parent or Guardian Name (1): \_\_\_\_\_

Parent or Guardian Name (2): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Names of anyone else with permission to pick up your child(ren) from the church:

\_\_\_\_\_

*Please list all children of your household who have your permission to ride the Brock United Methodist Church van and/or attend church related activities at the church and on field trips.*

Child's First Name:	Last Name:	Sex:	Age:	Grade:	DOB:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do any of the above have food allergies? *(Please Circle)*      Yes      No

If yes, please list name and allergy here: \_\_\_\_\_

Do any of the above have serious medical conditions we need to be aware of? *(Please Circle)*      Yes      No

If yes, please list name and conditions here: \_\_\_\_\_

Do you allow photos of your child to be used in church media and promotion? *(Please Circle)*      Yes      No

*I hereby give my permission for all children listed above to ride the van, participate in activities, and attend Brock United Methodist Church or any other church related functions. I understand that my children will be under adult supervision. I further understand that by signing this permission slip, I release and hold harmless Brock United Methodist Church and all other church related functions. By signing this permission slip, I release and hold harmless the trustees, officers, employees, and any volunteers of Brock United Methodist Church from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached, or until I arrive.*

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_