

**Name of Activity:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I hereby give my permission for my child to participate in the planned activities of TRINITY BIBLE CHURCH. In case of emergency, I hereby give my permission to any licensed physician and hospital selected by the group leader, staff member, or volunteer helper to hospitalize, secure treatment for and other injection, anesthesia, or surgery for the above named.

I understand that neither the church nor any individual can be held responsible in the event of accident, injury, or a student returning home because of disobedience. Additionally, I realize that no refunds will be given to students who are withheld from any activity due to disobedience.

Trinity Bible Church does not carry accident insurance for group activities. Should an accident or injury occur, you will be expected to cover all medical expenses involved. The information you provide below will help us in getting immediate care for your child should an accident occur. Thank you.

***Please list any medical instructions or allergies on the back of this form***

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Printed name of Guardian: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_