



Maypearl Church of Christ

PERMISSION FORM & MEDICAL RELEASE

NAME(S)	BIRTHDAY	ALLERGIES	SPECIAL NOTES

To WHOM IT MAY CONCERN:

I, the undersigned and the parent(s) or legal guardians of the above Applicant(s), hereby provide express permission for Applicant(s) to participate in camps, retreats, trips, and other outings sponsored by the Maypearl Church of Christ in Maypearl, TX.

The undersigned warrant that the Applicant(s) is in a condition of health that will permit his/her participation in such events. I authorize an adult, whose care the minor has been entrusted, consent to medical, dental, or surgical examination and treatment by any licensed physician, dentist, or hospital. I also authorize first aid treatment to be given as necessary. The undersigned recognize and agree to pay all medical treatment or hospital expenses that may be incurred and will indemnify and reimburse Maypearl Church of Christ with respect thereto.

By adding my name below, I as the parent(s) or legal guardians release and relieve Maypearl Church of Christ, its agents, employees, youth leaders, and sponsors from any liability related to or arising out of the event or any accident or injury related to the event.

Parent(s) or Legal Guardian(s): _____ Date: ____ / ____ / ____

Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Preferred Phone #: _____ **PERMISSION IS GRANTED TO POST PICTURES OF THOSE LISTED ABOVE UNLESS OTHERWISE INDICATED HERE** _____

Parent/Guardian #1 - (cell) _____ (work) _____

Parent/Guardian #2 - (cell) _____ (work) _____

Emergency Contact Person: _____ Emergency Contact #: _____

Emergency Contact Person: _____ Emergency Contact #: _____