

Church Name: \_\_\_\_\_ Pastor Name: \_\_\_\_\_

# YOUTH/KIDS/PRE-SCHOOL Permission Form

## EXCEL—CHRISTIAN LIFE AND MINISTRY CONFERENCE

This form **MUST** be completed for every teen/child wishing to participate in activities (including Flag Football, Basketball, Volleyball, and Dodgeball for the teens). Please attach this form to your church's pre-registration form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_M \_\_\_F

Participant attending (please circle one) YOUTH VENUE KIDS' VENUE PRE-SCHOOL VENUE

**NOTE: Child MUST be potty-trained in order to attend the Pre-School Venue.**

Participant will ride the bus from ADULT VENUE to Youth Venue. Yes No  
**If yes, participant must be at ADULT VENUE site no later than 8:30 a.m.**

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Any allergies: \_\_\_Yes \_\_\_No If yes, please list: \_\_\_\_\_

Any physical/dietary restrictions: \_\_\_\_\_

Parent/Guardian attending (please circle one venue) ADULT YOUTH KIDS' PRE-SCHOOL

*Parent/Guardian MUST attend Adult VENUE if child is registered for Pre-School VENUE.*

Name of Escort/Chaperone from your Church (Kids and Youth Venues) \_\_\_\_\_

## Liability/Medical Release ~ Release of All Claims

We, the parents/guardians of \_\_\_\_\_ (TEEN/CHILD'S name) do release and agree to hold harmless the Penn-Jersey District of The Wesleyan Church, the Bethany Wesleyan Church of Cherryville, PA and the director and staff of the YOUTH VENUE and the Calvary Baptist Church, Easton, PA and the director and staff of KIDS' and PRE-SCHOOL VENUES from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and teen/child-participant that occur while the teen is participating in the above named convention.

We, on the behalf of our teen/child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved.

Authorization and permission are given to said director/staff to furnish any necessary transportation and food for our teen/child participant.

We, as parents/legal guardians of the teen/child-participant, give our permission for him/her to participate fully in the YOUTH VENUE/ KIDS' VENUE/PRE-SCHOOL VENUE. We give our permission to take said participant to a doctor or hospital and authorize medical treatment and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible, but in the event that we cannot be reached, the director/staff may choose a reputable physician.

\_\_\_\_\_  
Name of Teen/Child Insurance Company Policy #

\_\_\_\_\_  
Father/Guardian Date Mother/Guardian Date