

CITYHOPE

church

CITYHOPE YOUTH – COLLECTIVE NIGHT CONSENT & LIABILITY RELEASE

Date: 2nd Wednesday of each month 2016

Location: 29964 Saint Basil Street, Daphne AL 36526

Student Info

Student's Name _____

Student's Date of Birth ____/____/____ Campus MAL / MOB / FOL / BMT Parent's Name _____

Home Phone _____ Parent/Legal Guardian Cell Phone _____

Email address _____

Additional Emergency Contact (other than parent)

Name _____

Relationship to Camper _____

Home Phone _____ Cell Phone _____

Medical

Allergies or medical conditions we should be aware of: _____

Family Physician: _____ Physician Phone: _____

Health Insurance Carrier: _____ Name of Primary Insured: _____

Contract Number: _____ Group Number: _____

Consent

I hereby give my permission for the child listed above to ride the bus, van or vehicle and participate in all regular activities during **CityHope Youth 2016 Collective Nights** and any other activities corresponding with this outing. I understand that my child will be under adult supervision at all times. I further understand that in signing this permission slip, I release and hold harmless CityHope Church, its trustees, officers, employees, and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals to administer emergency medical assistance if I cannot be reached.

Parent/Legal Guardian Signature _____ Date _____