

MAPLE VALLEY PRESBYTERIAN CHURCH
ACTIVITY PERMIT AND RELEASE

The undersigned parent or guardian hereby gives permission for

_____ to participate in _____ during _____
(name of minor) (name of activity) (date(s) of activity)

and any extension thereof, sponsored by the Maple Valley Presbyterian Church.

MINOR INFORMATION: Birthdate _____ Grade in School (or grade in the Fall) _____

Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Email address _____

MEDICAL RELEASE

The undersigned affirms that the above named minor has no health problem which would preclude his/her participation in said activity.

In addition, for the unforeseen possibility that my child would get injured or sick and need medical attention, I request that I first try to be contacted and if I cannot be reached that medical attention be given to my child. Prompt attention to my child's injuries or sickness is greatly appreciated.

List any medications taken by participant _____

List any known allergies to medication and other things _____

NAME OF HEALTH INSURANCE FIRM _____

POLICY / SUBSCRIBER NAME & NUMBERS _____

GROUP NUMBER _____

PHONE NUMBER/BILLING ADDRESS _____

Further, the undersigned expressly agrees to hold harmless Maple Valley Presbyterian Church; its employees and agents, for any injury to the minor or damage to his/her or any personal property which may be incurred by or as a result of said participation.

Lastly, the undersigned gives permission for any appropriate pictures taken of the above named minor to be used in any publications, advertisements, etc. to promote Maple Valley Presbyterian Church.

PARENT (Guardian) NAME _____
(printed) (signature)

Relationship to Minor _____ **Date** _____

Home Phone _____ Cell _____ Work _____

E-mail _____ Address same as minor above? Yes / No (circle one)

If no, Parent (Guardian) Address _____

City _____ State _____ Zip _____

List alternative persons, with relationship and phone numbers, to contact in case of emergency.

- 1.
- 2.
- 3.