

Calvary Chapel Orange County Youth Ministry Release Form

Effective Dates: September 1st 2013 to December 31st 2013

Please Print in Ink

Name of Youth: _____
(Last Name) (First Name)

Male Female

Address: _____ City: _____ State: _____ Zip: _____

Main Phone #: _____ Secondary Phone #: _____

Parent(s)/Guardian(s) Name(s): _____

Youth Allergies (List Any): _____

Youth Medical Issues (List Any): _____

Youth Medications (List Any): _____

Any Other Important Information: _____

Please check the events below that you give permission for participation (Check the Box)

- Operation Christmas Child (Sept 27th, Oct 4th 11th 25th, Nov 1st 8th 15th)
- Backwards Halloween Outreach (October 18th)
- Rake and Run Outreach (November 22nd)
- Christmas Shopping and Hangout (December 7th)
- Food Pantry Scavenger Hunt & Outreach (December 13th)

I _____ hereby give _____ permission to participate in all of the events I checked above with the Calvary Chapel Youth Ministry. I understand that these events involve supervised activities at the Church facility and outside the church facility. Any and all issues that may arise with my child regarding this event have been listed above on the release form. I give the appropriate leadership of this event permission to seek whatever medical attention is deemed necessary in the case that medical attention is needed. I understand that there is inherent risk due to the nature of the events. I release Calvary Chapel and its staff of any liability against injury or personal property losses of the named youth.

Parent/Guardian Signature: _____ Date: _____