Freedom Foursquare Youth Adventure Camp (Aug. 10-14, 2025) Permission Slip

Participant _____ FEMALE / MALE

Address _____

City, State, Zip _____

Phone HOME _____WORK / CELL_____

PERMISSION TO ATTEND

Participant's Name _____has my permission to attend. I acknowledge that the activity described in this registration form involves a risk of injury. I also understand that Freedom Foursquare Church makes such activities available as part of its ministry and not to financially profit from the activity. Thus, I hereby release and forever discharge Freedom Foursquare Church, its employees, volunteers, members, officers, directors, council members, agents and representatives (collectively Representatives) from any and all claims and liability for damage or injury to my person or property, or the person or property of my child or ward named in the registration form where such claim, liability, damage or injury is caused in whole or in part by the negligence of Freedom Foursquare Church or any of its Representatives. I accept the full responsibility for any and all such damage or injury of any kind which may result, directly or indirectly, from participation in the activity described in this form, including, without limitation, transportation to and from such activity.

MEDICAL AUTHORIZATION

To: Any and all doctors, hospitals, laboratories, clinics and all other providers and facilities which provide medical, dental, psychological and/or physical care of any type or nature, and all other professionals.

After making a reasonable attempt to contact the person, you are hereby authorized and directed to perform at the request of Freedom Foursquare Church (the *Church*) for the benefit of _____ our son/daughter/ward born _____ (M/D/Y), any and all treatments and/or services which you and the Church deem in the best interest of _____ (Youth's Name), including, but not limited to surgery, medical and dental procedures and treatment, hospital admission, prescription and administration of medications, all forms of diagnostic testing, including x-rays and emergency care. This release is given after making a reasonable attempt to contact the parent/ guardian with above phone numbers.

I have thoroughly read **PERMISSION TO ATTEND** and
MEDICAL AUTHORIZATION.
Medical insurance information is required.
If your family does not have insurance, please indicate below **NO INSURANCE**.

_____

Parent(s) /Guardian(s) Signature Date

_____

MEDICAL INSURANCE carrier Group Number

_____

Insured Member Number