

2018-2019 CONSENT & RELEASE FORM

Children’s & Youth Departments
New Beginnings Assembly of God
733 N. Sandusky Street
Tiffin, Ohio 44883

CONSENT AND AGREEMENT

I/We do hereby release **NEW BEGINNINGS ASSEMBLY OF GOD**, their agents, staff and volunteer assistants from any liability whatsoever arising out of, and injury, damage, or loss which may be sustained by said person during the cause of involvement with the children’s and youth programs, activities and/or trips from September 1, 2018, through September 15, 2019.

Applicant’s signature _____ Date _____

Please print name _____

IF APPLICANT IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED.

Signature _____ Date _____

Relationship to Applicant _____

CONSENT FOR TREATMENT

I/We do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician is deemed necessary to said person.

Applicant’s signature _____ Date _____

IF APPLICANT IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED.

Signature _____ Date _____

Relationship to Applicant _____

PERSONAL INFORMATION

Name of child/youth: _____

Address: _____

Phone: _____ E-mail: _____

Birthdate: _____ Age: _____ Grade: _____

School attending: _____

Parent/guardian name(s): _____

Work/cell phones – Father: _____ Work/cell phones – Mother: _____

Child/youth lives with: Mother _____ Father _____ Other _____

MEDICAL INFORMATION

The following information is needed by any hospital or practitioner not having access to your child’s medical history:

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments (heart, epilepsy, etc.): _____

Other pertinent facts to which physician should be alerted: _____

PARENTAL PERMISSION SLIP

I hereby give permission for _____ to take part in the activities of the Children’s/Youth Department programs of New Beginnings Assembly of God, both on the church property and away from the church. I understand that the events are adult-sponsored, but I do not hold the church or its leaders responsible for any injuries resulting from involvement in or transportation to or from said events or activities.

I also understand that my signature on this authorization form is valid from September 1, 2018, through September 15, 2019, and will include *all activities* during that time.

Signature – Parent/Guardian

Date