

BACK TO SCHOOL YOUTH EXPLOSION

FULL NAME

AGE

DATE OF BIRTH

ALLERGIES

1. _____

2. _____

3. _____

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

Address: _____ City: _____ Zip: _____

RELEASE OF LIABILITY & PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I hereby request that my child(ren), be permitted to participate in all activities associated with the YOUTH EXPLOSION event on Saturday, August 19. I hereby agree to release Gateway Church, their employees, volunteers, and agents from any and all liability, which may arise from any such activity.

In the event my child becomes ill or injured while participating in activities, and requires medical treatment, permission is hereby given to administer first aid for his/her relief or to obtain whatever medical treatment is necessary, including emergency medical treatment by paramedics.

I understand that Gateway Church cannot be responsible for the supervision of children beyond the scheduled times.

Signature of Parent/Guardian _____ Phone # _____

Emergency Contact _____ Phone # _____