

FIRST CHRISTIAN CHURCH
Bloomington Illinois

CHILDREN & YOUTH PARTICIPATION PERMISSION

NAME 1 _____ DOB _____

please print participant's full name for all in family attending, including Date of Birth

2 _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

ADDRESS _____

I, (parent or guardian print full name) _____

hereby give my permission for above
named minor(s) to participate in the Children & Youth activities of First Christian
Church, Bloomington, Illinois.

I release First Christian Church and its Representatives from any liability in the event
of an accident enroute, during or returning from an activity. I also authorize First
Christian Church or Representatives to obtain emergency medical attention that may
be necessary during my child's participation.

SIGNED: _____ Date: _____
parent or guardian

ADDRESS _____

EMERGENCY PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

→ VALID FOR 1 YEAR FROM ABOVE DATE ←

MEDICAL &/OR SPECIAL NEEDS

Please list any medical &/or special needs for above named minor(s). Include any
information we need to know to address and best care for your child. This includes
dietary restrictions, allergies, medications your child takes such as Epi, insulin or any
other. If necessary, you may provide any information from child's physician. Please
use reverse if more space is needed see reverse

~~ this information is confidential & shared only on an as needed basis ~~