

Abundant Life Assembly Youth Department

Name of Event: _____
Date of the Event: _____ Cost of the Event: _____
Time of Departure: _____ Estimated time of Arrival: _____
Name: _____ Date: _____
Age: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____

Parental Permission

I/We, _____ do hereby agree and make public that I/We will not hold Abundant Life Assembly of God Church or its affiliates or any adult sponsor responsible for any accidents or injury that may occur while on this trip.

Insurance Information

Name of Insurance Provider: _____
Policy/ID #: _____
Policy Holders name: _____

Medical Release

I/We _____ the parents or legal guardians of _____ do further give consent for the administration of medical treatment or medication for the above named child. Also, I/We further agree to the performance of such treatments, medications, and procedures as the opinion of the attending physician deems medically necessary for our child.

Medications/Allergies: _____

Disciplinary Agreement

I/We understand that while the above named child participates in any regularly sponsored activity, he or she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by child can result in dismissal from the program. In the event your child is dismissed from the program, I/We the undersigned, agree to assume the cost of returning the child to his/her home. I/We also agree to forfeit any possible refund. I/We understand that such actions would only be taken under extreme circumstances and only after direct consultation with the child's pastor and parents or guardian.

- By checking this box, you agree to allow us to use any media coverage taken for use in future promotions and publications

Signature: _____ Date: _____