



PARENTAL CONSENT FORM FOR YOUTH ACTIVITY

I, hereby, agree that my child, _____, is authorized to participate in the various activities that are sponsored by Truth Tabernacle or Gravity Student Ministries. This may include transportation to/from said destination and being photographed and/or video recorded at these events. I acknowledge that these pictures may be used for promotional and website purposes. I also acknowledge that I have no knowledge of any physical or mental handicap which would prohibit my child from participating in the activities we offer. I shall make sure he/she does not participate if not feeling well. I hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for my child under the supervision of, and as deemed advisable by, a physician licensed under the Medical Practice Act. It is understood that this authority is given in advance of the need for diagnosis, treatment, or hospital care, and is to provide authority pursuant to Section 25.8 of the California Civil Code. In addition, I take full financial responsibility for all treatments deemed necessary by said physician. I also waive any claims against Truth Tabernacle, its Youth Board, volunteers, or chaperons for damage or injury to the person or property of my child while involved in this activity.

PARENT SIGNATURE

DATE

GUARDIAN SIGNATURE

DATE

INSURANCE INFORMATION

(MANDATORY IF YOU ARE INSURED)

PHYSICIAN

HOSPITAL OR MEDI-CENTER

INSURANCE COMPANY

POLICY NUMBER

EMERGENCY CONTACT

PHONE NUMBER

COMMENTS ON YOUR CHILD'S LIMITATIONS, ALLERGIES, OR HEALTH PROBLEMS, ETC.:



(CUT HERE AND RETURN TOP PORTION WITH CHILD)

ACTIVITY INFORMATION

LOCATION: _____

AGES ELIGIBLE TO ATTEND: _____

PERSON IN CHARGE: _____

PHONE NUMBER: _____

YOUR CHILD NEEDS TO BRING: _____

START DATE/TIME: _____

END DATE/TIME: _____