ROADSTER'S CHILDREN'S - RELEASE

PLEASE PRINT	TER 5 CHILDREN 5 - KELEASE	2010
Child's Name (First)	Last Name	2010
Street Address	Phone #	
City		
	relation	
Guardian Phone Number:	Cell/Work Phone	
Street Address		
	#	
	/ / Grade	
	story/Current Medicines:	
	-	
The Church you primarily attend:		
WILL ANYONE OTHER THAN YOURS	ELF (The signature below) BE PICKING U	P YOUR CHILD?
Yes: Name	Phone_	
	e I hereby give permission for he/she to participate in	
	RS, OR OTHERS UNDER THE DIRECTION OF	
I understand that, in the event that	ity, reasonable efforts will be made to contact me; how	(minor's name) requires
	y's sponsor or any adult counselor acting on behalf of th	
	mination, injections, anesthesia, medical, dental, or surg	
	d by a physician, surgeon, or dentist licensed to practice	
where the services are rendered, either as an outpatien		
	my child will be used as primary coverage in the event	
	s will be taken at all times by The Road Church and its azards and know the inherent possibility of risk during the taken at taken at the taken at the taken at taken at taken at taken at taken at the taken at take	
	eer staff, and agents liable for damages, losses, diseases,	
student's participation in the activities and events.	,,	,
I also understand that visual and audio record	dings may be made of these activities, and can be used b	y The Road Church as needed
for publicity, announcements, scrapbooks, etc.		

 Guardian Signature
 Date