

# Family Life Christian Center

## Young Women's Ministry

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity date/s shown on this form, I hereby give my permission to the physician for medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Family Life Christian Center and its agents during the events and activities. I understand the possibility of the unforeseen hazards and know the inherent possibility of risk. I agree not to hold Family Life Christian Center, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject for this form.

I give permission for the below named youth to ride in any vehicle designated by the Young Women's Ministry leaders in whose care the minor has been entrusted while being transported in conjunction with activities sponsored by Family Life Christian Center.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student (if over 18 years of age):

\_\_\_\_\_

Name of Activity and date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Phone number: \_\_\_\_\_