

Faith Rock Community Church Youth Group

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

| Participant Name: | | | Birth date: |
|--|---|---|--|
| = | to, from and nsported to a | d in Long l | the beach trip with Faith Rock Beach, Washington. I further give he event by authorized drivers Christian |
| responsible for any accident that harmless FRCCYG for all claims event or activity. I release FRCC | may occur of s made and li YG and all m g such medic | n the way abilities as nedical procal treatme | rch Youth Group or any of its volunteers to, from, or during the event. I will hold assessed against them as a result of any oviders from liability in acting on my tent in my absence. I assume the risk and y event or activity. |
| Group leaders, volunteers, hospit access to the information contain | als, licensed ed in this for | medical or m and to p | first, but I hereby authorize the Youth or dental providers/ employees to have provide/seek all medical or dental care, dvisable for the health and safety of my |
| Known Allergies: | | npany: | |
| Contact Info: | \ | \ | |
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| | | | |
| Activity Release I further give permission for my and agree to everything stated ab Print/sign/date | | cipate in a | all activities provided by the Youth Group |
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