



CALVARY CHAPEL
GEORGETOWN DIVIDE

Permission to Attend and Participate in Activities

I, the parent or guardian of _____

Give my permission to attend and participate in the following activity or activities:

_____ From ____/____/____ to ____/____/____

Sponsored by Calvary Chapel, Georgetown Divide.

I understand that the above named minor will be under the leadership and supervision of persons approved by the church. I expect the above named minor to respect and obey the authority of the leaders in charge. Also, I release Calvary Chapel from any liability during this time.

Signature of parent or guardian _____

Emergency Medical Treatment

Please list any information that may be helpful to the adult leaders or physician in case of an emergency. Please include: allergies, medications, medical history, etc.:

Cell Phone (____) _____ Work Phone (____) _____

Home Phone (____) _____ Email _____

Address _____

Emergency Contact _____ Phone (____) _____

Insurance Company _____ Policy / Group # _____

Doctor _____ Phone (____) _____

Address _____

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to contact the physician on this form. I give my permission to the supervising Calvary Chapel leader in charge, to secure proper emergency medical treatment including, but not limited to: hospitalization, anesthesia, surgery or injections of medication.

Signature of parent or guardian _____