

THRIVE

Permission Slip and payment due by Sunday, Oct. 20th

I _____, the parent/guardian of _____, give Permission for my child to attend the **Thrive Youth & Young Adult Conference hosted by City First Church** on November 8th and 9th, 2019.

I understand that personal injury can and may occur to my child, and I hereby authorize Bethany Peterson, or another Youth leader, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Ridgeway Church, its employees and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by Ridgeway Church, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of Ridgeway Church, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

(Parent/Guardian Signature)

(Date)

(Home Address)

(City, State, Zip)

(Email Address)

(Phone Number)

(Emergency Contact Name and Phone Number)

(Alternate Emergency Contact Name and Phone Number)



Medical Information on back ->

Medical Information

1. List any diseases, physical or mental limitations:

2. List any current medications and their purpose:

3. Allergies (food, medical, insects, ect.):

4. Family Physician: _____

Physician's Phone: _____

5. Family Medical Insurance Center: _____

Policy Number: _____

