

Edgewater Alliance Student Ministries

Parent/Guardian Permission Form

Event Information

Event Name: Edgewater Alliance Youth Group

Description: _____

Event Date: 2016-2017 SCHOOL YEAR

SGL Name: _____ Contact Info: _____

Student and Guardian Info

Student Name: _____

Date of Birth: _____ Age: _____ Sex: M or F

Parent Guardian Name: _____

Address: _____

Parent Guardian Cell Phone #: _____

I have completed an EASM Medical Release Form for this current school year? Yes or No

I, _____ (printed name of parent/guardian) being the parent of legal guardian of _____ (printed name of minor) have been informed of the above activity sponsored by Edgewater Alliance Church and hereby give my consent for my minor child to participate in this activity. I also understand and give permission for my minor child to ride in the personal vehicle of the small group leader volunteer named above.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility for an unforeseen hazard does exist. I further agree not to hold Edgewater Alliance Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred by the minor listed on this form.

Parent/Guardian Signature: _____ Date: _____