



**Event Release Form**

(Please print clearly)

**Youth First & Last Name:** \_\_\_\_\_

**Parents/Guardians Names:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Allergies: Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Medication/Treatment: \_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Contact #: \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE IF CHILD IS UNDER 18 YEARS OF AGE:**

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial \_\_\_\_\_

I hereby give permission for my child, named above, to participate in the weekly Wednesday and Friday night activities of Bethel Christian Assembly Salt & Light Youth. I release Bethel Christian Assembly, Devoted Ministries, its leaders, supervisors and staff from any claims whatever which could result from my child's participation in the voluntary activity. I also give permission for my child to be examined and/or treated in the event of an illness or a medical emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date