

# CELEBRATION ASSEMBLY



## PERMISSION FOR A MINOR TO ATTEND A CHURCH EVENT

THE FOLLOWING INFORMATION MUST BE COMPLETED BY PARENTS.

Please print everything except the signature.

NAME OF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PHYSICAL PROBLEMS OR HANDICAPS:  NO  YES ALLERGIES:  NO  YES

(if yes, please indicate here) \_\_\_\_\_

FAMILY DOCTOR (Name, Address, Phone Number) \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT (Name, Address, Phone Number)

1. \_\_\_\_\_

2. \_\_\_\_\_

In case of an emergency and I, and the persons named above, cannot be reached, I give the Church Sponsor, or other representative of Celebration Assembly, permission to obtain treatment for me child.

Parents Initials \_\_\_\_\_

I give my permission for my child, \_\_\_\_\_, to go with the Celebration Assembly church to \_\_\_\_\_ on \_\_\_\_\_ (date) and to participate in the activities of the event.

I also grant Celebration Assembly permission to arrange transportation for my child for this event and to transport my child to and from the event.

I hereby grant to Celebration Assembly the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT PARENT/GUARDIAN NAME, ADDRESS and PHONE NUMBER BELOW

\_\_\_\_\_