

Tri-Village Christian Church Activities Permission Form

ACTIVITY/DATE(S) _____ / _____

I hereby grant permission for my child to fully participate in the above activity with Tri-Village Christian Church (TVCC) on the above given dates. While I understand that TVCC will take reasonable steps to provide care and safety for my child, I am aware that TVCC, the ministers, directors, trustees, members, elders, agents, staff and trip sponsors/chaperones cannot assume responsibility for injury, damage, or harm that might result during the course of the transportation to the activity and the activity in of itself. In permitting my child to participate, I agree that such responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as a result of the acts of my child while participating in TVCC activities/Events, or while traveling to or from any such activities, or should my child assert any claim against TVCC, I agree to indemnify and hold TVCC harmless from any such claim, including (but not limited to) attorney's fees and cost incurred in defense thereof.

Signature of parent/guardian _____ Date _____

Attendees Information

Last Name _____ First Name _____ MI _____ Sex _____

Home Address _____ Current Grade _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Birth date _____
Month Day Year Age _____

Parent's Work Phone Dad (_____) _____ Mom (_____) _____

Parent's Cell Phone Dad (_____) _____ Mom (_____) _____

Parent's Email _____

Authorized person(s) to pick child up from activity _____

**include yourself and your spouse if applicable.

Emergency & Medical Information

Person to contact in case of an emergency _____ Relationship _____

Phone Number _____ Cell Phone Number _____

Physician _____ Phone# _____

Dentist _____ Phone# _____

Allergies and Medical Conditions _____

List of current medications taking: _____

INSURANCE INFORMATION

Name of Health Insurance Company _____

Address of Health Insurance Company _____

Phone Number of Health Insurance Company _____

Health Insurance Policy # _____

Health Insurance Group # _____