

Gateway Youth - Information & Release Form

Student Information

Name: _____ D.O.B: _____ Age: _____ Grade: _____

Shirt Size (Adult): _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information

Name: _____

Home Phone #: _____ Cell #: _____ Work #: _____

If you cannot be reached in case of emergency, please provide the name and contact information for another adult who can be reached.

Name _____ Relation to student _____

Home Phone #: _____ Cell #: _____ Work #: _____

I hereby authorize The Gateway Church's leader/agent(s) to consent to emergency medical care or dental care, or both, for my child in the unlikely event that I or other specified adult above are unable to be reached. I further authorize The Gateway Church's leader/agent(s) to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to The Gateway Church's leader/agent(s).

Release Statement:

As parent/legal guardian of _____, I have reviewed the information about the ministry activity/event and give my permission for the student of this release to be involved in the overall activities and in the specific activities of:

Winter One Day - Cannonsburg

This permission includes the release to transport the student to and from the event. I/We understand that all reasonable safety precautions will be taken at all times by The Gateway Church and its agents during the event and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold The Gateway Church, its leaders, employees, agents, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this release form incurred during this activity/event.

Parent/Guardian Signature: _____ Date: _____

Insurance: _____ Policy #: _____ Group #: _____

Physician Name: _____ Physician #: _____

Please Turn To Backside

Student Medical History

Allergies:

Medication(s) & Instructions:

Additional Comments:
