

ANNUAL PERMISSION SLIP

Church on the Rock - Invitation Youth

(Complete one per child)

I, _____, give permission for my son/daughter _____,
(Parent/Guardian) (Participant)

to participate in Church on the Rock youth ministry. This includes regularly scheduled on-site events, or any special events (including travel) that are sponsored by the COTR during the dates:

July 1st, 2022 - August 31, 2023

RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release Church on the Rock, the church staff, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above events and/or transportation to and from the events. *Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

Please mark yes or no for each of the following:

My student has my permission to ride in a car driven by an adult leader: ___Yes ___No

My student has my permission to ride in a car driven by a young adult 18 or older: ___Yes ___No

My student has my permission to drive self and siblings: ___Yes ___No

Student Info: (if applicable, please include cell phone and email info for your student to give leadership permission to communicate with your child about youth united meetings and events via these means)

Student Address: _____

Home Phone: _____ Student Cell Phone: _____

Student Email Address: _____

Primary Contact Name(s) parent/guardian: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Emergency Contact: (other than parent or guardian - only to be used if primary contact cannot be reached)

Name: _____ Phone Number: _____

Email Address: _____

Permission to use my child's image:

I recognize that Church on the Rock uses photographs and video images of events in their publicity materials such as the church website, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

Please circle: YES / NO

Signature of Parent/Guardian: _____ Date: _____

