

_____ has my permission to participate in
(teen name)

_____ on _____
(youth activity) (date)

In the event my child becomes ill or is injured while under church supervision; I approve the sponsors taking the following steps:

- Contact a parent or guardian of the young person and follow his instructions.
- In the case my child is involved in an accident and requires treatment, the attending physician has my permission to examine and begin treatment in my absence.

I agree to relieve Calvary Baptist Church and its youth group sponsors from any liability in connection with these activities and instructions.

Parent's Signature

Home Phone

Cell Phone