

Waypoint Free Methodist Church

Student Permission Slip 2018-2019

The date range for this form is September 16, 2018 to September 1, 2019 unless you specify here:

Other date range: _____

Student Name _____

Age: _____ Birthdate: _____ Grade: _____ Gender: _____

Address: _____ City: _____ State/Zip: _____

Home Phone # _____ Cell Phone # _____

Alternate Contact Person & Phone: _____

Email Address(es): _____

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Waypoint Church. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church. In the event of an emergency where medical treatment is required, I give my permission to the church staff or adult sponsor to obtain the services of a licensed physician, and I will agree to pay all the costs and expenses incurred for such treatment. I also understand that Waypoint Church will attempt to notify me immediately concerning any such emergency.

Signed: _____ Date: _____

Printed Name _____

Hospital Insurance Co: _____ Policy# _____

Emergency Contact: _____ Phone # _____

Special Medical concerns/allergies/instructions/medications (use back if necessary)

Photo/Video Release

I certify that photographs or videotape pictures of my child participating in Waypoint activities may be reproduced and utilized in promotional materials for the Church.

Signed: _____ Date: _____