

Youth Release Form

**RELEASE FORM**  
Kalkaska Church of Christ

Activity/Event: \_\_\_\_\_ Location \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Please fill this form out completely and return it to a youth leader or the church office. Your child will be unable to attend if this form is not turned in by the date of the activity/event. Thank you.*

I, \_\_\_\_\_, am the parent or  
(NAME OF PARENT OR LEGAL GUARDIAN – PLEASE PRINT)

legal guardian of \_\_\_\_\_  
(NAME OF MINOR – PLEASE PRINT)

(hereinafter “my child”), and I am informed of the above mentioned activity/event offered by Kalkaska Church of Christ (hereinafter “this church”) located at 1725 W Kalkaska Rd. NW in the city of Kalkaska, County of Kalkaska, and State of Michigan.

Child’s Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency contact person: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in the activity provided by this church. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the medical services (including anesthesia, emergency room services, ambulance services, and hospitalization) necessary for my child’s well being.*

Signed, \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Please list any known medical allergies, medications currently being taken, existing medical problems, or other pertinent information:

\_\_\_\_\_

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Kalkaska Church of Christ  
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