

**New Covenant Tabernacle
Youth Ministry Release Form
For September 2007- September 2008**

Part 1

As a parent/legal guardian of _____, _____, _____
Child's Name Child's Name Child's Name

I give my permission for my child(ren) to participate in activities planned for New Covenant Tabernacle. I understand that these activities may include, but are not limited to:

- Physical activities, both indoors and outdoors
- Sports, both informal and organized
- Field trips or Retreats both on and off campus
- Travel by automobile or bus

I understand and agree that my child(ren) will be expected to submit to the leadership and behave in accordance with the posted and verbal guidelines that the ministry has set up. If my child chooses not to cooperate with these guidelines, I am responsible to pick him/her up immediately upon request. These rules include, but are not limited to:

- Respect and obey all leaders
- No leaving the church grounds for any reason
- No smoking, drinking or illegal drugs

	/	/	
Parent/Guardian Signature	Date		
	/	/	
Child Signature	Date		Age
	/	/	
Child Signature	Date		Age
	/	/	
Child Signature	Date		Age

Part 2 Emergency Contact Information

Mother's Name _____ Home _____ Cell _____ Work _____

Father's Name _____ Home _____ Cell _____ Work _____

Emergency Contact Names: *Contact information of a friend or family member to call if you cannot be reached in the event of an emergency. ***** This is required******

Name _____ Home _____ Cell _____

Name _____ Home _____ Cell _____

Prayer requests or anything else we should know about your child to minister to them effectively: _____

Part 3

New Covenant Tabernacle Medical Treatment of Minor/Release Form

To Whom It May Concern: I (We) _____, the parent(s)/legal guardian(s) of _____, _____, _____ do
Child's Name Child's Name Child's Name

hereby release New Covenant Tabernacle from any and all liability in the event of an accident or illness and authorize any medical care deemed necessary by an accredited physician, nurse or hospital while my child is under the supervision of New Covenant Tabernacle.

This authorization includes X-ray examination, anesthetic, medical surgery, dental diagnosis or treatment and hospital care, to be rendered at the office of said Physician or at said Hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by New Covenant Tabernacle. I will hold harmless New Covenant Tabernacle, its' pastors, staff, employees, and volunteers from any liability.

_____/_____/_____
Parent/Guardian Signature Date

Please note the following for each of your children.

Child's Name _____
• Medical Conditions (i.e. asthma) _____
• Medication currently taking _____
• Any known allergies (food and medication) _____

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