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### **ARENTAL PERMISSION AND LIABILITY RELEASE FORM 2025**

This is to certify that my child has permission to participate in any Youth events that will be scheduled throughout the year.

I give permission to have my child treated medically, should the need arise. Furthermore, in case of accident or injury, I will not hold Brookside Ministries Church or any member of the group or church body responsible.

In case of a discipline problem, when notified, I agree to make arrangements to pick up my child.

### **STUDENT INFORMATION**

First: \_\_\_\_\_

Last: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **INSURANCE *(required)***

Company Name \_\_\_\_\_

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

Group #: \_\_\_\_\_

Class: \_\_\_\_\_

**Parent or Guardian's Full Name:** \_\_\_\_\_

Digital signature: \_\_\_\_\_

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