
**PARENTAL 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: _____

**Submit**