

West Valley Church of the Nazarene
Parental Consent & Liability Release form

Homework Club

September 6, 2017 – June 6, 2018

Name of Minor(s) & Date(s) of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of
Parent(s)/Guardian(s): _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency contacts and others authorized to pick up my child other than parents or guardians:

1. Name: _____ Phone: _____ Relationship _____

2. Name: _____ Phone: _____ Relationship _____

Permission and Release: I/We give permission for the above named minor to participate in activities with the West Valley Church during the listed time frame. I/We understand that the activities which my child may participate in may pose a risk to their personal health and safety. I/We agree to hold harmless West Valley Church or its representatives in the event of injury or damage that may be incurred to the child or his/her property during such events.

Medical Release: In the event the above-named minor suffers illness, accident, or injury, and neither parents nor guardians can be contacted, I/We give permission for a representative of the West Valley Church to authorize emergency treatment as is deemed necessary by a licensed physician and assume responsibility for any medical bills incurred.

I/We understand that should the above-named minor have to return home before the group for medical or disciplinary reasons, we will assume any costs incurred.

Please specify for each minor:

Known Diseases or Conditions: ☐ Asthma ☐ Diabetes ☐ Heart ☐ Seizures

Other _____ Allergies _____

Medication(s) _____

Medical Insurance Co. _____

Policy # _____ Group # _____

Signature of Parent or Legal Guardian _____ Date _____ Signature of Parent or Legal Guardian _____ Date _____

Photo Permission

There is a chance your child may be photographed while participating in our events.

I/We give permission for photos of my/our child to be posted on your website, social media, or any other promotional events West Valley Church might have in the future.

Signature of Parent or Legal Guardian _____ Date _____ Signature of Parent or Legal Guardian _____ Date _____