

# First Assembly of God

520 E. 13<sup>th</sup> St ~ Ottawa, Kansas 66067 ~ 785-242-3933 ~ www.ottawafirstassembly.org

## PERMISSION SLIP AND LIABILITY WAIVER FORM

My child, \_\_\_\_\_ is in good health, and has my permission to ride the church van, bus or personal vehicle and to attend church sponsored events. I know of no physical reason that would restrict my child from participating in church related or recreational activities unless noted below. In an emergency, a church leader has my permission to authorize emergency, life saving medical treatment. Further, I hereby voluntarily waive any claim against First Assembly of God, the Kansas District of Assemblies of God and it's sponsoring institutions and all church leaders, members or attendees for any and all causes which may arise in connection with activities, services or events. This permission slip and liability waiver is perpetual and may only be revoked or revised in writing by the child's parent or legal guardian.

**PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY.**

Full Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

(Over Please)

