

## New Life Youth Ministries Permission Slip 2009-2010 School Year

**Personal Information** (All information supplied will be kept confidential)

Student's name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's e-mail address (used to relay information pertaining to youth group functions only):  
\_\_\_\_\_

In the event of an emergency and the parents cannot be reached, please contact:

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

Relationship to student: \_\_\_\_\_

**Insurance Information**

Policyholder's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

**To the parent's or guardian:**

The undersigned does hereby give permission for the participant named above to attend and participate in activities sponsored by New Life Community Church of Muskegon, MI.

We (I) authorize an adult, in whose care the minor has been entrusted, to secure any emergency medical or dental care or treatment that may be necessary for my child. I assume all responsibility for costs (such as doctor, hospital, medicine, etc.) that may be incurred.

We (I) give permission for my child to ride in any vehicle designated by the adult in charge while attending and participating in activities sponsored by New Life Community Church. We (I) also understand that I am responsible for all cost of medical treatment should a traffic accident occur during the transportation to or from any activity.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

\_\_\_\_\_  
Signature of parent(s) or guardian

\_\_\_\_\_  
Date