



First Congregational Church

Church Event and Activity Permission

Event/Activity _____ Date(s) _____

Leader's Name(s) _____

Leader's Phone(s) _____

Event/Activity Location(s) _____

Departure Location _____ Type of Transportation _____

Pickup Location _____ Cost of Transportation _____

Driver _____ Driver's Phone _____

Participant's Name: _____

In an emergency during this youth event, leadership should contact _____

Parent/Guardian _____ Phone _____

My child has a valid 2021-2022 medical authorization form on file with the church Yes No

COMPLETE ONLY IF NOT ON FILE AT THE CHURCH

Parent's/Guardian's Name(s) _____

(home phone) (address) (zip)

(cell phone) (work phone) (email address)

I do hereby, discharge, and hold harmless The First Congregational Church, United Church of Christ for any claims, liabilities, damages, or demands for any injuries to person or property sustained by the above named participant and resulting from their participation in this youth event. Should the above named participant become ill or injured and a parent/guardian cannot be contacted, adult leadership will call a licensed physician for treatment and/or will transport said participant to a hospital emergency room for treatment.

(Parent/Guardian) (date)

Parents, please sign and return this form to Mark Williams.