



P.O. Box 1011 The Dalles, OR 97058 (541) 298-4277

**Permission-Release Form**

Name(s) \_\_\_\_\_

Phone # (s) \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

I give my permission for my child/children named above to join Acclaiming Christ Through Sports in activities for 2010 and 2011. I understand that the group will travel by church bus, church van or approved private vehicles. I also understand that the activities will occur under adult supervision. I hereby release Calvary Baptist Church and Acclaiming Christ Through Sports International, their staff, sponsors, trustees or officers from responsibility and liability for any injury or illness that my child may sustain during this activity as a direct or indirect result of my child's own negligence or the negligence of third parties. In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

Parent/Legal Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medical Information (Required)**

Medical Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Member # \_\_\_\_\_

List any special medical concerns that the leader and/or doctor may need to be aware of such as allergies, medications, physical handicaps or limitations. If this form is being used for more than one child, be sure and list the name next to each item.

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