



This is to certify that _____ has my permission to participate in any and all functions, activities, or events of the High School Ministry of Calvary Chapel Of Downey, whether on site or off site.

As Parent or legal Guardian, I release Calvary Chapel of Downey and all of their officers, employees, volunteers, and agents acting officially or otherwise, from any medical, injury, or other liability.

I also give my child permission to ride as a passenger with the following: **(Please check those that apply)**

Other Parents

Any Licensed Youth Leader

I hereby give my permission and authorize medical treatment for my child in the event that I cannot be contacted.

Youth's Name: _____

Date of Birth: _____

Address: _____

City: _____

Fathers Name: _____

Cell: _____

Mother Name: _____

Cell: _____

Medical Insurance Carrier: _____

Phone#: _____

Policy Holders name: _____

POL #: _____

Insurance Group # (if applicable) _____

Allergies or special medications: _____

Emergency contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

(Parent/ legal Guardian Signature)

Date

(Parent/ legal Guardian Name-Printed)

Cell Phone #