

# theporchYOUTH

305 S 2nd St. East, Louisburg, Kansas

## PARENTAL PERMISSION FORM

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

I give permission for my child(ren) (named above) to attend the events, field trips, and service projects associated with the Youth Group of The Porch Community Church, Louisburg, Kansas. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the The Porch Community Church. By signing this agreement, I agree that my health insurance will be considered "primary" for injuries, accidents, or incidents incurred. In the event of these situations, I agree not to pursue legal action against The Porch Community Church, any of it's staff, hosts, or volunteers. I will also make every effort to obey safety precautions. I will ask for clarifications when needed.

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Printed name of Parent or Guardian                      Date

### EMERGENCY CONTACT INFORMATION

**Parent(s)/Guardian(s)**

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State      Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)

\_\_\_\_\_  
Email address(es)

**Other Emergency Contact(s)**

\_\_\_\_\_  
Name(s)    Relationship to Participant
