

Audubon Park Church Youth Group

Permission Form

Name of Student *

First Name Last Name

Date of Birth

Month Day Year

Parent/Guardian Name *

First Name Last Name

Address

Street Address

Phone Number *

Area Code Phone Number

Street Address Line 2

City

Email

example@example.com

State / Province

Emergency Contact *

First Name Last Name

Emergency Contact Phone Number

Area Code Phone Number

Photo and Social Media Consent: I grant permission for Audubon Park Church and its representatives to take photographs and/or video recordings of my child during the event. I also consent to these images or recordings being used on Audubon Park Church's social media platforms, website, or other promotional materials. *

YES

NO

Medical Information *

Allergies, Medical Conditions, etc.

Is there anything else you would like to share with us to help us care for your student?

I, the undersigned, authorize Audubon Park Church and its representatives to provide any necessary medical treatment in the event of an emergency. I understand that every effort will be made to contact me as soon as possible.

I acknowledge that the event involves certain risks, including, but not limited to, physical activities, transportation, and interactions with others. I accept these risks and agree to hold Audubon Park Church and its leaders harmless for any injuries or damages that may occur.

I give permission for my child to participate in Audubon Park Youth Group Events.

Signature of Parent/Guardian
