

CELEBRATION CHRISTIAN CENTER

1135 Bluebell Drive
Livermore, CA 94551
(925) 455-4250

2010 Parent Permission and Release Form

I, the undersigned parent/guardian of, _____, give my permission for him/her to participate in any and all activities sponsored by Celebration Christian Center. I understand staff personnel of the church or other qualified, responsible persons will supervise all activities sponsored by the church. I understand these activities may involve transportation in church owned vehicles, vehicles owned and operated by other individuals, or vehicles rented or leased by the church for subject activities.

I understand Celebration Christian Center provides liability insurance coverage for all church sponsored activities. This insurance is secondary to my own insurance coverage, which is agreed as being primary. In the event of injury to a non-insured participant, and in the event of a claim against the insurance carrier for the church, I agree to cover the deductible rate costs required by the insurance carrier.

In the event of special situations, which may arise out of disciplinary action, medical needs or other personally related circumstances which require or result in special transportation, communication, handling or liability expenses, I agree to assume full financial responsibility for all such related costs.

I hereby release Celebration Christian Center of all liability in the event of injury or bodily harm and for damage or loss of personal goods and belongings.

I hereby authorize the church representatives in charge of the activity to take the above named youth to a doctor or hospital for treatment in case of an emergency. It is understood I can expect communication from church representatives as soon as possible in such emergency situations.

As a matter of mutual convenience, it is agreed this permission and release extends from **December 31, 2009 through January 1, 2011**. As legal guardian, I take full responsibility to stay informed of the events my child will be attending with Celebration Christian Center during the period of **December 31, 2009 through January 1, 2011**. This permission and release may be revoked, in writing, at any time during this period. Two signatures are required where applicable.

Signature Date Telephone Number (home)

Signature Date Telephone Number (emergency or cell)

To The Medical Provider

I/We hereby authorize you to provide emergency medical treatment to our minor child, _____. I understand that the representative of Celebration Christian Center in charge of my child will contact me as soon as possible in an emergency.

Signature Date Insurance Company Policy Number

Signature Date Date of last Tetanus Booster

IMPORTANT: Please list any drug related allergies, other allergies, or particulars which should be known in a medical emergency, and any other physical conditions about which the representatives of Celebration Christian Center should be aware to ensure proper care and supervision. **PLEASE WRITE "NONE" IF NONE APPLY.**
