

**MORNINGSTAR CHRISTIAN CHAPEL
CHILDREN'S & YOUTH MINISTRY LIABILITY RELEASE FORM**

This is to certify that _____ has my permission to participate in any and all functions, activities, or events of the Children's or Youth Ministry of **Morningstar Christian Chapel**, whether on site or off site for the calendar year of _____.

As parent or legal guardian, I release **Morningstar Christian Chapel** 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:** _____

Father's Name: _____ **Cell Phone #:** _____

Father's Email Address: _____

Mother's Name: _____ **Cell Phone #:** _____

Mother's Email Address: _____

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 #

Child's Grade: _____