

Neffsville Mennonite Church (NMC)
Activities Release Form

I, _____ give my permission for _____
(name of parent/guardian) (name of child)
to participate in *Created to Praise* Summer Day Camp, July 26th to July 30th, 2010.

Medical Information for above named child:

Allergies/medications/special conditions: _____

In case of emergency or other concerns, parent/guardian contact information:

Daytime phone number: _____ cell phone number: _____

Insurance Company: _____

Policy # _____ Group # _____

Primary Doctor office: _____ Phone # _____

If parent/guardian cannot be reached the following person can authorize medical treatment.

Name: _____ Relationship: _____

Phone # _____

➤ **Medical Release (Required)**

I hereby release from liability Neffsville Mennonite Church and any and all adult sponsors and church staff in the event of any injury and/or illness during any activity. In case of an urgent medical emergency, I give permission for the church staff to act on my behalf and approve medical treatment.

➤ **Photo Release**

Photos are taken to document the experience of *Created 2 Praise* for memories and publicity. Therefore, I grant NMC permission to take photographs and use the photos of my child for past memories, including current and future publicity. Initial for permission: _____.

➤ **Permission to leave NMC campus**

Some classes will take place at a location not on the campus of Neffsville Mennonite Church. If above mentioned child has registered for a class to be held off-site, I permit my child, to leave the campus of NMC. Refer to registration for list of classes off-site. Initial for permission: _____.

Required:

Signature of parent/ guardian: _____

Date: _____

This form must be returned BEFORE the beginning of camp, absolutely no later than time of registration the first day of *Created to Praise!* (July 26, 2010)