

Parental Consent Form

In consideration of permission granted for _____(child's name) to participate in Sports & Arts Camp (June 19-23, 2023) sponsored by Toledo First Alliance Church (TFAC), we hereby release and covenant with TFAC, its volunteers, directors, and officers, that we will never, individually or as legal guardian of said individuals, institute any action at law or in equity against TFAC, its volunteers, directors, or officers, for any personal injuries, damage to property, real or personal, caused by, or arising out of activities sponsored by TFAC, its successors and legal representatives. We understand and acknowledge that some activities sponsored by TFAC, especially sports activities, have inherent dangers. We and the participant expressly and voluntarily assume all risk of personal injury sustained while participating in and transportation to and from the aforementioned activities. We also authorize TFAC to use photographs, images, video, and/or audio clips of my child in publicity.

Parent's Name _____ Phone _____

Email: _____

Address _____

Signature of Parent or Guardian _____ Date _____

Medical Release Form

Child's Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Insurance Company _____ Policy # _____

1. Does your child have any life-threatening allergies? ☐ Yes ☐ No

If yes, please list: _____

2. Does your child have any drug allergies? ☐ Yes ☐ No

If yes, please list: _____

3. Is your child bringing any medication with him/her? ☐ Yes ☐ No

If yes, please list: _____

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations our staff should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

In the case of a medical emergency, I authorize First Alliance Church to call a doctor or practitioner to administer medical aid and treatment for my child at any time when they believe an emergency exists.

Signature of Parent or Guardian _____ Date _____

Emergency Phone Number _____

Person to contact if parent cannot be reached _____

Relationship _____ Phone Number _____