

Harvest Hills Family Church

PARENTAL CONSENT FORM
The REV Shuttle Service
2009-2010

Student's name	Age	Grade
Address	City	Zip
Parent's or Guardian's name(s)	Date	
Home phone	Work phone	

**COMPLETE
ALL LINES**

Parental consent and certification

I/We, _____
the father and mother (or legal guardian) presently having the sole care and custody of _____ a minor, on behalf of him/her and his/hers heirs, personal representatives, and assigns, for and in consideration of its agreement to accept such minor into the following program and to provide such minor with an educational experience which cannot be experienced in its facilities, hereby fully release and discharge *Harvest Hills Family Church*, its representatives, successors, and assigns, from all rights, claims, and actions of every kind which such minor may have against such released party arising out of the **REV Shuttle Service, 2009-2010**. We further release *Harvest Hills Family Church* from, and fully waive, any and all rights we may have, for any reimbursement for medical and other expenses incurred because of any injury to such a minor.

As the parent (or legal guardian), I certify that I have been informed of and authorize my child to participate in the **REV Shuttle Service, 2009-2010**.

I understand as with most activities there is a certain degree of risk. Some of these activities may include: all activities associated with the **REV Shuttle Service, 2009-2010**.

I consent for my child to participate in these activities. I also represent that my child is physically fit and has necessary skills to safely participate in these activities.

PRINT NAME & RELATION
SIGNATURE
PRINT NAME & RELATION
SIGNATURE

Medical treatment authorization and insurance information

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical service he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the Church if I feel there are any health considerations or other information that would prevent my child's participation in any of the activities listed above. I also give my permission for church youth leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

CONTRACT NUMBER
GROUP NUMBER
SIGNATURE