

# Next Gen Ministry Release Form Goodlettsville Church

## *To be completed by Parent*

Name of participant: \_\_\_\_\_

Child's Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ City \_\_\_\_\_, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's email: \_\_\_\_\_

Emergency Contact (in case parent cannot be reached): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I hereby give my permission for my child to be videoed and photographed to be used to promote future ministries at Goodlettsville Church. I understand that these photos may be used on our church's social media sites and/or website.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in all activities and attend the 2023 Goodlettsville Church Ministry events and to be transported to & from said events by church leaders and/or volunteers. I agree to release and hold harmless any staff, volunteers and assistants of Goodlettsville Cumberland Presbyterian Church as well as the church itself from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their participation in said activities/events &/or transportation to or from arising from exercise of the power granted by this authorization.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Goodlettsville Church Medical Release Form**  
**Please staple a photocopy of your insurance card to form**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, authorize the adult  
*Parent/Legal Guardian* *Child's name*

Leaders/volunteers of Goodlettsville Church to care for the administration of general first aid treatment for any minor injuries received to my child during the event.

If the injury sustained is life threatening, or in need of emergency treatment, I authorize the adult leaders/volunteers of Goodlettsville Church or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I agree to release and hold harmless any staff, volunteers and assistants of Goodlettsville Church from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization.

Parent or guardian's signature \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group # \_\_\_\_\_

List the name(s) and dosage(s) of any medications that will be taking while attending retreat.

\_\_\_\_\_  
\_\_\_\_\_

List any medication allergies: \_\_\_\_\_

\_\_\_\_\_

Year of last tetanus shot: \_\_\_\_\_

List any medical conditions or activity limitations: \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

I give the Goodlettsville Church adult leaders permission to give my child (check boxes) **if needed**

Daily Medications  Tylenol  Motrin/Ibuprofen  Emergency Care

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Tennessee County of \_\_\_\_\_

Sworn & subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary of Public: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_