

Youth Permission-Release Form

NAME(S) _____ PHONE () _____
ADDRESS _____ CITY & ZIP _____
AGE _____

I give permission for my above-named child(ren) to join the San Lorenzo Japanese Christian Church at the Three on Three basketball tournament on August 21, 2010. I hereby release the San Lorenzo Japanese Christian Church and Greenhouse Ministries, its volunteer and paid staff/sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-Ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent or Legal Guardian _____ Date _____ Emergency Phone #
() _____

Medical Information

Allergies _____
Medications being taken _____
Physical handicaps or limitations _____
Medical insurance Company _____

Policy Number _____ Member's Name _____

Youth Permission-Release Form

NAME(S) _____ PHONE () _____
ADDRESS _____ CITY & ZIP _____
AGE _____

I give permission for my above-named child(ren) to join the San Lorenzo Japanese Christian Church at the Three on Three basketball tournament on August 21, 2010. I hereby release the San Lorenzo Japanese Christian Church and Greenhouse Ministries, its volunteer and paid staff/sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-Ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent or Legal Guardian _____ Date _____ Emergency Phone #
() _____

Medical Information

Allergies _____
Medications being taken _____
Physical handicaps or limitations _____
Medical insurance Company _____

Policy Number _____ Member's Name _____