SHORELINE Community Church

_____ has my permission to attend Children's Ministry activities with Shoreline Community Church. **Print** full name of participant (First and Last Name)

_____	_____	_____	_____
Child's Birthdate	Age	Grade Entering in Fall	School

_____	_____
Print full name of Mother/Guardian & Phone Number	**Print** full name of Father/Guardian & Phone Number

_____	_____	_____
Street Address	City	Zip Code

Liability Release and Consent for Treatment in the unlikely event that my child is injured while participating in activities at Shoreline Community Church (SCC) Children's Ministry or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for Shoreline Community Church Children's Ministry granting my child permission to participate in Children's Ministry activities, I hereby release Shoreline Community Church, its employees and volunteers from liability or injuries occurring in SCC activities. In case of emergency, I hereby authorize Shoreline Community Church Children's Ministry to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

Liability Release, Consent for release of information and for treatment (choose one) [_] YES **OR** [_] NO

Please list allergies, medical or other special conditions we should be aware of:

_____

Will your child be carrying an epipen? [_] YES **OR** [_] NO

In case of emergency (when the parent/guardian cannot be reached) contact:

NAME:_____ PHONE:_____ RELATIONSHIP TO Child:_____

I give permission for my child to be transported in a vehicle: [_] YES OR [_] NO

I give permission for photos to be taken of my child participating in activities: [_] YES OR [_] NO

People who have my permission to pick up my child when I am unable to:

NAME:_____ PHONE:_____ RELATIONSHIP TO Child:_____

NAME:_____ PHONE:_____ RELATIONSHIP TO Child:_____

I ACKNOWLEDGE THAT I HAVE READ AND COMPLETED THE ABOVE INFORMATION:

_____	_____	_____
Print Full name of Parent/Guardian	**Signature** of Parent/Guardian	**Date**

Child's T-Shirt Size (Circle one) : Child: *small *medium *large *extra-large Adult: *small *medium

Children's Ministry Shoreline Community Church 935 San Andres Street Santa Barbara, CA 93101