Grizzly Flats Community Church and Ministries Release Form

PO Box 393. 5061 Sciaroni Road. Grizzly Flats, California 95636 530 622-4538

CONSENT	AND RELEASE FRO	M LIABILITY	
Flats Community Church and to be transprivate car when necessary. I understate benefits to be derived from the activities Community Church, the pastors, the stransportation to any event. I further against directions and instructions of the sponse Grizzly Flats Community Church written	asported by in voluntee and all events will have es, I hereby voluntarily ponsors, and the own gree to direct my son/of sors in chare. This co	ers vehicles, or adult supervision waive any clainer/or driver of daughter to conf	on. In consideration of the m against of Grizzly Flats the car or bus furnishing orm to the fullest with the
Parent/Guardian Signature:		Phone:	
Street:	City:	Zip:	
Email:			
I hereby authorize emergency	in the event of illness	first-aid treat or injury during til I give Grizzly	any sponsored activity o
Insurance Company Emergency Phone:			

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

OVER>>

Please print your responses to the following questions
Has s/he had any surgery or serious illness within the last three years? If yes, please explain.
Is s/he required to take any medication? If so, for what reason and how often?
Does s/he have any allergies or allergic reaction to any medication? If yes, please explain.
Is s/he presently under a doctor's care? If yes, please explain.
NOTES: