

# Victory Dream Center - REALITY Youth Ministry - Permission Form

- Please print -

## Youth #1

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ School \_\_\_\_\_ Allergies \_\_\_\_\_

Primary Address \_\_\_\_\_ Apt# \_\_\_\_\_

Second Address \_\_\_\_\_ Apt# \_\_\_\_\_

Youth Phone \_\_\_\_\_ Youth email \_\_\_\_\_

## Youth #2

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ School \_\_\_\_\_ Allergies \_\_\_\_\_

Primary Address \_\_\_\_\_ Apt# \_\_\_\_\_

Second Address \_\_\_\_\_ Apt# \_\_\_\_\_

Youth Phone \_\_\_\_\_ Youth email \_\_\_\_\_

## Parent/Guardian #1

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

## Parent/Guardian #2

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

## PARENTAL CONSENT

The undersigned does hereby give permission for child listed above, to attend and participate in any Victory Dream Center ministry activities, events, and retreats. LIABILITY RELEASE: In consideration of Victory Dream Center allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, and Trips) I, the undersigned, do hereby release, discharge and agree to hold harmless Victory Dream Center, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, incurred by the participant named above while involved in the activities. I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation, ministry or work activities involved therein. MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency diagnosis or treatment and hospital care, to be rendered to the minor. TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed chaperone or the Jackson County Mass Transit District while attending and participating in activities sponsored by Victory Dream Center. PHOTOGRAPHY PERMISSION: I agree that Victory Dream Center may photograph my child's likeness and activities during church-related activities and grant permission to use the images for any purpose deemed necessary by the Victory Dream Center.

_____ X _____	_____	_____
Name of Youth #1 (print)	Signature of Youth #1	Date
_____ X _____	_____	_____
Name of Youth #2 (print)	Signature of Youth #2	Date
_____ X _____	_____	_____
Name of Parent/Guardian (print)	Signature of Parent/Guardian	Date