Victory Dream Center - REALITY Youth Ministry - Permission Form

- Please print -

Youth #1

Second Address	Name		Grade	DOB	Male/Female	
Second Address Youth Phone	Nickname	School		Allergies		
Youth #2 Name	Primary Address				Apt#	
Name School Allergies DOB Male/Fema Nickname School Allergies Apt# School Allergies Apt#	Second Address				Apt#	
Name School Allergies Allergies Primary Address Apt# Second Address Apt# Youth Phone Youth email Parent/Guardian #1 Name Parent/Guardian #1 Name Phone Parent/Guardian #2 Name Phone	Youth Phone	Youth ema	ail			
Primary Address	Name			DOB	Male/Female	
Second Address	Nickname	School		Allergies		
Parent/Guardian #1 Name	Primary Address				Apt#	
Name	Second Address				Apt#	
Parent/Guardian #2 Name	Youth Phone	Youth ema	ail			
Parent/Guardian #2 Name		Parent/G	uardian #1			
Name	Name	Phone				
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, 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: 1 authorize an adult, in whose care the minor has been entrusted, to consent to any emergency diagnosis or treatment are 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: 1 agree that Victory Dream Center may photograph my child's likeness and activities during church-relata activities and grant permission to use the images for any purpose deemed necessary by the Victory Dream Center. X Signature of Youth #1 Date	Address		email			
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	Name of Youth #1 (print)	X	Signature	of Youth #1	Date	
Name of Youth #2 (print) Signature of Youth #2 Date		X				
	Name of Youth #2 (print)		Signature	of Youth #2	Date	

Signature of Parent/Guardian

Date

Name of Parent/Guardian (print)