

**YOUTH MINISTRY ACTIVITY
PARENTAL PERMISSION & RELEASE FORM**

Please complete and return this form by: _____

My child, _____, has my permission to participate with the CACC Youth Group to:

(Event/Activity) _____

(Place) _____

(Date) _____

(Arrival time) _____ (Pick up time) _____ (Cost) _____

(Chaperone name & phone #) _____

(Transportation) _____

I hereby release Cherry Avenue Christian Church and its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the activity. In the event of an emergency, I hereby authorize an adult leader of the activity, as an agent for me, to consent to an x-ray examination; medical, dental, surgical diagnosis treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I realize that my child's behavior is my responsibility. I will instruct my child in proper behavior and to follow all guidelines set down by the adult youth sponsors of Cherry Avenue Christian Church. In the event of behavior problem(s), I understand that I will be contacted to correct the problem and/or to pick up my child (or make arrangements to do so).

I also realize that there will be a set departure time for this event. **Unless prior arrangements** have been made I realize that the adult leader of the activity shall leave at the set departure time even if my child is not there. I will not receive any refunds of money spent on the event if my child should not go.

Note: We often take pictures of youth events and use them in promotional materials (i.e., website, videos, etc.). Please indicate below your preference for using your child's image in this way:

_____ Yes, CACC may use my child's picture for promotional purposes.

_____ No, CACC may not use my child's picture.

_____/_____/_____
Parent or Guardian Signature Phone Date

*All guests must complete a medical/insurance form available online at www.cherryave.net. Look under Youth section. This form must be completed in its entirety and returned to Cherry Avenue Christian Church before departure. This form can also be faxed to the church office at (434) 977-1515. * Must call church and inform of faxing first.