



**CARY GROVE EVANGELICAL FREE CHURCH STUDENT MINISTRIES
EVENT PERMISSION FORM**

Activity _____

Student Name _____ Date of Birth _____

T-Shirt Size: S M L XL (Please circle one)

Address _____

Parent or Legal Guardian Name _____

Home Phone _____ Work Phone _____ Cell _____

The minor, _____, has my permission to participate in this activity with Cary-Grove Evangelical Free Church Student Ministries. As a parent/legal guardian, I do, herewith, release the Cary-Grove Evangelical Free Church, and/or its agents, of any liability in the event of accident, or mishap resulting in the injury of the named minor.

This release form is completed and signed of my own free will with the purpose of granting permission to participate and to authorize medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
Parent or Legal Guardian