

Commission Church
PLEASE PRINT AND FILL OUT COMPLETELY!

Student Name _____ T-shirt size _____
Address _____
City _____ State _____
Zip _____
Cell Phone _____ Male ___ Female ___ Birth Date ____ - ____ - ____
Parent's First & Last Name _____
Parent's Home Phone _____ Cell Phone _____
Parent's Email _____

IN CASE OF EMERGENCY CONTACT _____
PHONE _____ RELATIONSHIP _____

PARENT/ GUARDIAN RELEASE

The student listed above has my permission to attend the Commission Church Youth Ministries' trip to CY TRIP 2022 on July 17, 2022 . I hereby authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. I accept responsibility for payment of expenses incurred as a result of medical treatment. I release Commission Church from all liability while the above person is involved in this activity and traveling to and from this activity.

Parent/ Guardian
Signature _____