



GCC YOUTH

Permission / Registration Form

Event Name: _____
 Student's Name: _____
 Grade: _____ Birth Date: _____
 Address: _____

 Phone 1: _____
 Phone 2: _____

With the event (as described), I give my permission for my child to attend. Furthermore, I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. Furthermore I will not hold Gurnee Community Church liable for any injuries.

Parent Signature _____
 Date _____
 In the event I cannot be reached, please contact:
 Name _____
 Phone _____

Please list any medical allergies, medications being taken, medical problems or other pertinent info.



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