



BYG MINISTRIES /
BELTON CHURCH OF CHRIST

PERMISSION FORM & MEDICAL RELEASE

Valid for:
SEPT. 1, 2024 – AUG. 31, 2025

NAME(s)	AGE	GRADE	ALLERGIES	SPECIAL NOTES

TO WHOM IT MAY CONCERN:

I, the undersigned and the parent(s) or legal guardians of the above Applicant(s), hereby provide their express permission for Applicant(s) to participate in camps, retreats, trips, and other outings sponsored by the Belton Church of Christ in Belton, TX.

The undersigned warrant that the Applicant(s) is in a condition of health that will permit his/her participation in such events. I authorize an adult, whose care the minor has been entrusted, consent to medical, dental, or surgical examination and treatment by any licensed physician, dentist, or hospital. I also authorize first aid treatment to be given as necessary. The undersigned recognize and agree to pay all medical treatment or hospital expenses that may be incurred and will indemnify and reimburse Belton Church of Christ with respect thereto.

The undersigned release and relieve Belton Church of Christ, its agents, employees, youth leaders, and sponsors from any liability related to or arising out of the event or any accident or injury related to the event.

Signature of Parent(s) or Legal Guardian(s): _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone #: _____

PERMISSION IS GRANTED TO POST PICTURES OF THOSE LISTED ABOVE UNLESS OTHERWISE INDICATED HERE _____

Work #: Father - _____ Mother - _____ Cell #: Father - _____ Mother - _____

Emergency Contact Person:
(Someone other than Parents) _____ Emergency Contact #: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy and/or Group #: _____

Family Physician/Pediatrician: _____ Phone #: _____