



**Church of the Redeemer Baptist, Inc.
Parent/Guardian Permission for Church Sponsor Trip**

Trip Location: _____

Day & Date of Departure: _____ **Time:** _____ **AM** **PM**

Day & Date of Return: _____ **Time:** _____ **AM** **PM**

Method of Transportation: _____

I, _____ the parent/guardian of _____ do hereby give my permission for my child to participate all activities on Church of the Redeemer Baptist Church sponsor trip. I understand that the following conditions apply:

- a) I agree that my child is responsible for his/her actions and behavior at all times.
- b) I agree that my child will stay at the location under the supervision of Church of the Redeemer Baptist Staff and Chaperones.
- c) I agree that in case of injury or illness, the staff member(s) in charge of the trip may act on my behalf.
- d) I agree that the Church of the Redeemer Baptist, Inc., staff and volunteers working in conjunction with the trip activity will not be held liable/responsible for any injuries or illnesses that occur while my child is on this trip.

This includes the entire time my child is in the custodianship of the church, including the time between the child's drop off to pick-up by a parent or otherwise stipulated guardian).

I understand if transportation is available, transportation will Depart from Church of the Redeemer Baptist:

Date: _____ at _____ AM **PM** and Return Date: _____ at: _____ AM **PM**

To be completed by Parent or Guardian

By signing this form, I acknowledge my permission for my child to participate in all activities. If I'm unable to be reach, in case of an emergency, I give Church of the Redeemer Baptist Church the permission to seek medical treatment for my child.

Print Name: _____ Signature: _____ Date: _____

Day Phone Number: _____ Evening Phone Number: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____

Relationship to Youth: _____ Emergency Contact Phone: _____

LIST ALL ALLERGIES: _____

I have indicated in this application any food or drug allergies and permanent or temporary medical condition which should be known about my child. If there is no known food or drug allergy or medical condition, please check this box:

Not Applicable