INFORMATION FORM FOR CHILDREN AND YOUTH
CONCORD LIBERTY PRESBYTERIAN CHURCH

Child's Name _____ Date of Birth _____

Address _____

_____ Grade in School _____

Medical conditions/allergies? If so, please list: _____

Any circumstances of which we should be aware? _____

Name of Parent/Guardian_____ Phone Number _____

Parent/Guardian's Email Address _____

Name of other persons who may pick up child _____

Emergency Contact Name and Phone Number _____

If I cannot be reached in the event of any emergency, the following person is authorized to act on my behalf:

_____

- ❑ I give permission for the child listed above to take part in the activities provided by the Concord Liberty Presbyterian Church (CLPC).
- ❑ I give permission for audio and visual images of me and/or my child, captured during activities of CLPC through studio, photographic and/or video recording means to be used for marketing, promotional and educational purposes including, but not limited to print media, pamphlets, brochures, newsletters, CDs, web pages and the like. I hereby waive, release and forever discharge CLPC from any and all claims of liability arising from the use of my/my child's photographs, audio and/or video recordings and waive any rigfhtrs of compensation or ownership thereof.
- ❑ I give permission for medical attention to be sought in case of emergency. If I or the above named emergency contact cannot be reached, I authorize church personnel to obtain the necessary medical treatment and/or services.

Dated _____ Signature _____

Relationship _____ Print Full Name _____

Please complete this form and send with your child/children prior to the start of CLPC this year's activities. I understand that s/he will not be allowed to participate without his form having been completed. A separate form is required for each child in a family. The form may be completed in advance and either emailed to office@concordligberty.org or faxed to 610.358.0732.