

TBC Children's Chaperone Release Form

(PLEASE FILL OUT AS CLEARLY AS POSSIBLE IN BLACK INK ONLY!)

Name: _____ T-shirt size _____

Email: _____ Age: _____ DOB: _____

Address: _____
(City) _____ (State) _____ (Zip) _____

Home Phone #: _____ Work # _____ Cell # _____

____ I am currently a member of _____ church.
____ I am not a member of any church.

Medication (*currently using*)

Allergies (*to medications*)

Family Doctor: _____ Phone: _____

Address: _____

Insurance Carrier: _____ Policy #: _____

Date of last tetanus shot: _____ Group #: _____

I _____ do hereby give my permission to receive emergency medical care in the event that I am unconscious or unable to give my oral consent. In addition, I will not hold TBC responsible for any expense, claims, or liability arising from an injury to myself.

My signature below gives permission for TBC to use my photographed or videoed image in future promotional materials.

____ Yes, I have provided a copy of my insurance card to the supervising minister.

____ Yes, I give permission to be background checked so I can participate with the children in this ministry.

Signed: _____ Date: _____