

**MORNINGSTAR CHRISTIAN CHAPEL  
CHILDREN'S & YOUTH MINISTRY LIABILITY RELEASE FORM**

This is to certify that \_\_\_\_\_ has my permission to participate in any and all functions, activities, or events of the Children's or Youth Ministry of **Morningstar Christian Chapel**, whether on site or off site for the calendar year of \_\_\_\_\_.

As parent or legal guardian, I release **Morningstar Christian Chapel** and all of their officers, employees, volunteers, and agents acting officially or otherwise, from any medical, injury, or other liability.

I also give my child permission to ride as a passenger with the following: **(Please check those that apply)**

**Other Parents**

**Any Licensed Youth Leader**

**I hereby give my permission and authorize medical treatment for my child in the event that I cannot be contacted.**

**Youth's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Father's Email Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Mother's Email Address:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Policy Holders Name:** \_\_\_\_\_ **POL#:** \_\_\_\_\_

**Insurance Group # (if applicable):** \_\_\_\_\_

**Allergies or special medications:** \_\_\_\_\_

**Emergency contacts:**

**Name** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_  
**(Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Parent/Legal Guardian Name Printed**

\_\_\_\_\_  
**Cell Phone #**

**Child's Grade:** \_\_\_\_\_