

APPENDIX 5-A

**PARENT PERMISSION FORM for ON-SITE SPECIAL EVENT**  
**Cowan Fellowship Church**

**ALL YOUTH AND CHILDREN MUST:**

- ◆ Agree to the rules,
- ◆ Complete and return the registration form (page 2), and
- ◆ Return the signed permission from parents or legal guardians (page 3) in order to participate in this event.
- ◆ **Please fill out all forms with a ballpoint pen.**

**EVENT INFORMATION**

Event: \_\_\_\_\_

Date/s of Event: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Place: \_\_\_\_\_

Ages for Participation: \_\_\_\_\_

Event Coordinator/s: \_\_\_\_\_

Contact Information : \_Church: 931-563-3796 Program Coordinator: \_\_\_\_\_

**BEHAVIOR EXPECTATIONS FOR THIS EVENT**

(To be added by event coordinator)

**Parent/Guardian: KEEP PAGE 1 for your information.** Return Pages 2 and 3 of this document with your child/youth to the church on or before the day of the event.

APPENDIX 5-A  
**REGISTRATION FORM**

Today's Date: \_\_\_\_\_

Child/Youth Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Legal Guardian Name (Print): \_\_\_\_\_

Parent or Legal Guardian Name (Signature): \_\_\_\_\_

Address if different from above: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**List all phone numbers where the parent/guardian can be reached:**

Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Allergies (food, nature, medicine -- describe reaction): \_\_\_\_\_

Special Needs: (i.e. physical, dietary, etc): \_\_\_\_\_

**Yes No** I give permission for my child to be given Tylenol or other minor medications as needed.

Describe any behavioral, health, or emotional problems your child has that may affect them during this event:

**Is there anything else event leaders need to be aware of?** \_\_\_\_\_

**PARENT PERMISSION FORM for: On-Site Special Events**

**Cowan Fellowship Church**

**My child** \_\_\_\_\_ **(participant's name) has my permission to participate in the**  
\_\_\_\_\_ (Name of program/event)

which will take place at Cowan Fellowship Church, Cowan, TN on \_\_\_\_\_ (date/s).

Beginning/ending time: \_\_\_\_\_. The event details are described on page  
one of this document.

**I understand** that all reasonable safety precautions will be taken at all times by the adults leading this outing. I have completed the registration and health information to the best of my knowledge. In giving my child permission to participate in the event indicated, I release the Cowan Fellowship Church, the pastor, and volunteers from liability for damages, losses, illness, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form, will be contacted in case of an emergency. In which case, I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

**Transportation is the responsibility of the parent/legal guardian.**

Children/youth will sign themselves in upon arrival for this event.

**Child/Youth Pick-up Policy: I understand** that only a parent/guardian or other person, as designated below, may pick my child up and sign him or her out. Youth (grades 7-12) and children ages 10 and older with signed parent permission to walk home (see section below) may sign themselves out of this event.

**I authorize** the following person(s) to sign my child out and provide him/her transportation home:

Person's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Permission for Children to Walk Home:** Applies to Children ages 10 and older.

I give \_\_\_\_\_ (child's name) permission to walk home from the church following this event.

Parent/Legal Guardian Name: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

**Youth Transportation to and from Events:** Youth with a driver's license must have a note from their parent/guardian giving them permission to drive themselves to and from the event. They will not be permitted to transport other children/youth without a note from the parents of both parties.)

**Child/Youth Behavior Expectations: I have read and understand** behavior expectations for this event (see page 1) and have reviewed them with my child/youth.

**Parent/Legal Guardian Name(Print):** \_\_\_\_\_ **(Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_