

# Activity Permission Form

## Children's Ministries

Highlands Community Church  
 3031 NE 10th Street  
 Renton, WA 98056  
 Main Office: 425-255-4751  
 Children's Ministries: 425-204-0989



Name of Group: Awana T&T Girls

Activity/Event: Christmas Party

Date: December 12, 2019

Time: From: 6:15 pm To: 8:00 pm

Place: HCC Room 295

Your Child needs to bring: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please detach and return right-side portion.

### Children's Ministries at Highlands Community Church Activity Permission Form

Event: Awana T&T Girls Christmas Party  
 Date & Time of Event: Thursday, December 12, 2019, 6:15-8:00 pm  
 Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Release:**  
 I hereby give consent to any emergency medical treatment deemed necessary by the Highlands Community Church's appointed medical team during the above mentioned student's involvement at this event. I recognize that when my child attends this event, he/she will be exposed to the physical risks involved in activities related to this event. I absolve Highlands Community Church and any other adults connected with these activities of liability for any accident or illness which might occur. I also accept responsibility for expenses incurred through such treatment. I am not aware of any physical limitations that would hinder my child from participating at this event, and my child has permission to participate.

**Transportation Release:**  
 I hereby give consent to any emergency medical treatment deemed necessary by Highlands Community Church's appointed transportation team and any other adults connected with transporting the above mentioned student to and from this event. I absolve Highlands Community Church and any other adults connected with transportation of liability for any accident or illness which might occur.

**Publication Release:**  
 I hereby give permission for Highlands Community Church to use any photo or video taken at this event, of my family in publications. I release my right to any kind of remuneration for said photos or video.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent  Guardian  
 Phone I can be reached at during this event: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Physician's Phone: \_\_\_\_\_  
 Health Insurance Company Name: \_\_\_\_\_  
 Health Insurance Phone Number: \_\_\_\_\_  
 Health Insurance Group Number: \_\_\_\_\_  
 Health Insurance ID Number: \_\_\_\_\_  
 Employee's Name: \_\_\_\_\_

Approved by the Children's Pastor: \_\_\_\_\_