



Cornerstone Church Children's Ministry

PARENTAL CONSENT FORM

(Please Print) _____ has my permission to participate in the trip to West Coast Camp designated by the Pastor or Sponsors of **Cornerstone Church of Yuba City** from **July 13, 2009 through July 18, 2009**. This trip will be under the supervision of a Pastor or the people that he puts in charge. Transportation will be by: cars, vans, or however deemed appropriate by the circumstances. Only those 21 or older will be allowed to drive others to and from this event.

I agree to direct my child to cooperate and to conform with the directions and instructions of the adult personnel in charge of this trip.

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the adult personnel permission to use their judgment in obtaining medical services for my child. I give permission to any licensed medical professional to render medical treatment deemed necessary and appropriate by a physician. All persons making the trip are deemed to have waived all claims against **Cornerstone Church of Yuba City** and its' paid or volunteer workers for injury, accident, illness, or death, occurring during, or by reason of, this trip.

I have read and understand the foregoing statement agreeing to assume the responsibility stated and waive all claims as indicated. A copy of this document carries the same validity as the original.

Signature of Parent/Guardian

Date Signed

Phone Numbers: _____

(Home)

(Emergency)

The above permission for medical treatment will be used only after reasonable attempt to reach the parent has been made. If you have any questions, please call the church office at 674-3087.