ACTIVITY PERMIT

Las Brisas Bible Fellowship
24270 Adams Avenue
Murrieta, CA 92562

EVENT: Broomball

DATE OF EVENT: Saturday, February 18, 2012, 3:45-7:45 pm

LOCATION: Meet at Las Brisas and carpool to Riverside Icetown: Ice Sports Center

TO WHOM IT MAY CONCERN:
As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any cost connected with such treatment and hereby releases the church from any liability therefore.

NAME OF MINOR: _____

EVENT RELEASE INTENDED FOR: _____

DATE RELEASE INTENDED FOR: _____

I understand my child will be carpooling with licensed and insured adult drivers and give permission for my child to be transported.

SIGNED: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

PRINT NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

Address: _____

Home Phone #_____ Work Phone #_____

Cell Phone #_____

OTHER CONTACT IN CASE OF EMERGENCY:

Name_____ Phone #_____

INSURANCE:

Insurance Provider _____

Primary Member/Group # _____ Student's Member # _____