



Redemption Bible Chapel Youth Ministries All-Year Permission Form
SEPTEMBER 2021—AUGUST 2022

Student info

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
EMAIL _____
PHONE: _____ STUDENT CELL PHONE: _____
BIRTHDAY _____ GRADE _____ SCHOOL _____
PARENTS/GUARDIAN NAMES: _____
HEALTH CARD # _____
FOOD ALLERGIES: _____
SPECIAL MEDICATIONS: _____

I / We give consent for (print name of minor) _____ to attend any Youth Ministry events being sponsored by Redemption Bible Chapel London.

I/We understand that photos may be taken at events or on Wednesday nights, and may be posted to the Youth and/or church social media/website. Consent? Yes No

In the event that he/she is injured while under the care of Redemption Bible Chapel and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

I / We agree to hold the licensed physician, the medical facility, the Redemption Bible Chapel and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Redemption Bible Chapel and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

I/We understand that my child, may be traveling in vans, cars and /or buses for some events.

PARENT/GUARDIAN SIGNATURE _____ DATED _____
NAME OF PARENT/GUARDIAN (PRINT) _____
BEST NUMBER TO REACH PARENT: _____
PARENT'S EMAIL: _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!

Redemption Bible Chapel London. 250 Commissioners Road, London, ON N6C 2T1

Phone: 519-668-1977