FIRST REFORMED CHURCH
PARENTAL PERMISSION & RELEASE FORM
FOR AFTER SCHOOL TRANSPORTATION

CHILD NAME:_____
ADDRESS:_____
PHONE:_____

We (I) hereby give permission for our (my) child, _____
to be transported by the FIRST REFORMED CHURCH VAN to attend and participate in the KIDZONE AFTER SCHOOL CLUB sponsored by FIRST REFORMED CHURCH (DURING THE ACADEMIC SCHOOL YEAR). I understand my child will be picked up at the SIOUX CENTER MIDDLE SCHOOL at 3:15 p.m. and dropped off at the FIRST REFORMED FAMILY LIFE CENTER.

We (I) do hereby release, forever discharge and agree to hold harmless FIRST REFORMED CHURCH and the sponsors of KIDZONE from all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip and activity.

Furthermore, we (I) [on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the above described trip and activity.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation for our (my) child-participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its ministers, employees and volunteer sponsors, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, would it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Home Phone Number Work Phone Number

Insurance Company:_____

Policy Number:_____

Family Physician & Phone #:_____

Return this form to Kidzone. NO CHILD WILL BE TRANSPORTED WITHOUT A SIGNED COPY OF THIS FORM ON FILE AT KIDZONE!!