

## STERLING BEREAN CHURCH – PERMISSION SLIP

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**Sterling Berean Church**  
12527 CR 37, Sterling, CO, 80751 • (970) 522-1471  
**Nate's Cell** – (970) 571-2973

**Child 1:**

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DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Child 2:**

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DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent(s)/Guardian(s):

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Address: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Number: \_\_\_\_\_

### PARTICIPATION AGREEMENT 2021

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The undersigned as parent or legal guardian of the minor child(ren) listed above, does hereby give permission for the above named individual(s) to attend any and all activities of Sterling Berean Church, 12527 CR 37, Sterling, CO 80751. As a condition of attending, I do hereby release Sterling Berean Church and all of their officers, agents and employees, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event, unless there is gross negligence on the part of any individual. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that Sterling Berean Church cannot pay health care providers for treatment of any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the program activities. This is valid for the year of 2021.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Media Release:** Sterling Berean Church has my permission to take pictures of my child and use them as promotional items and/or social networks. Please mark yes or no.  Yes  No

## **AUTHORIZATION FOR MEDICAL TREATMENT**

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My child(ren), \_\_\_\_\_, has(have) my permission to attend and participate in activities sponsored by the Sterling Berean Church located at 12527 CR 37, in Sterling, CO, 80751. I understand that in case of emergency (an injury or serious illness) every effort will be made to reach me or other contacts I have given, but for the duration of the trip Sterling Berean Church's youth workers may authorize any appropriate medical treatment. I agree to be responsible for the cost of my child's care and release the Berean Church and the youth workers from liability in case of accidental injury.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **MEDICAL INFORMATION**

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**Child 1:**

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Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

**Child 2:**

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Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

### **INSURANCE INFORMATION**

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Insurance Company: \_\_\_\_\_

Claims Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Claims Phone Number: \_\_\_\_\_

Other Phone Number(s): \_\_\_\_\_

Policy/ID Numbers: \_\_\_\_\_