

Pastor's All-Stars
Children's Activity Consent Form

I, the undersigned, parent or legal guardian of _____ do hereby consent to the participation of my child in the Pastor's All-Stars activities conducted by Freedom Baptist Church. In the event of injury, I release Freedom Baptist Church from any claim. I have listed allergies and medical conditions below that could be a concern. In the event of an emergency I may be reached at the number listed below. If I cannot be reached, I give permission for the person in charge to seek medical services if needed.

Tentative Dates for Pastor's All Star Events 2016

February 21

March 20

April 10

May 15

June 12

July 10

August 21

September 18

October 16

November 20

Parent Signature _____ Date _____

Allergies/Medical Conditions _____

Emergency Contact Number _____

