

GREENEVILLE CUMBERLAND PRESBYTERIAN CHURCH  
**YOUTH MINISTRY RELEASE FORM**

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PARTICIPANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ CELL #: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ Texting? YES NO  
EMAIL ADDRESS: \_\_\_\_\_

**MEDICAL CONCERNS**  
Allergies:  
  
Medications:  
  
Other Important Medical Info:  
  
Preferred Hospital:

PARENT/GUARDIAN'S NAMES: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE NUMBER: HOME \_\_\_\_\_  
CELL \_\_\_\_\_  
Texting? YES NO  
EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT NUMBERS**

NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STATEMENT OF PERMISSION AND RELEASE**

I give my child permission to participate in activities sponsored by the Greeneville Cumberland Presbyterian Church, including, but not limited to activities that require transportation off of the church property. I understand that all volunteers and staff of GCPC will have my child's best interest and safety in mind while I am not present. I hereby release all staff and volunteers from any legal action on my behalf in the event of an accident.

I understand that my child's picture may be taken while participating in church related functions by the staff and/or volunteers of GCPC. I give the church permission to use my child's image in promotional materials for future church related functions.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_