# C4K * Christ for Kids * After School Kids Club *

## Yearly Permission Form and Liability Release

The undersigned parent or guardian hereby authorizes the child listed below to participate in all activities of C4K, Christ for Kids After School Kids Club held at Pleasant Garden Elementary School, sponsored by Pleasant Garden Baptist Church, Inc. I have had explained to me the various activities scheduled for the Kids Club and I know the risks and dangers involved in such activities. I am also aware that unanticipated and unexpected matters may arise during such activities, and I agree to assume all risks of injury to my child and their property that may be sustained in connection with such activities.

In consideration of allowing my child to participate in all activities, I hereby for myself and my child release and discharge Pleasant Garden Baptist Church, Inc., and Pleasant Garden Elementary School, its employees, agents, and volunteers of and from all claims, demands, actions, and causes of action of any sort for injuries sustained during participation in the stated activities other than claims for gross negligence. I understand that for the safety of all participants present, the rules and guidelines of Pleasant Garden Baptist Church, Inc., as well as Pleasant Garden Elementary School must be adhered to. While I understand that reasonable attempts will be made to contact me in the event my child requires emergency medical treatment, I give consent, in the event such efforts are unsuccessful, for the administration of any treatment deemed necessary by a physician or other medical practitioner and for the transfer of such child to any hospital reasonably accessible. The following information is needed by any physician or practitioner not having access to the minor's medical history:

**My child WILL attend C4K Club for 2015/2016 School Year:** 10/29/15, 11/5/15, 11/12/15, 11/19/15, 12/3/15, 12/10/15, 12/17/15, 1/7/16, 1/14/16, 1/28/16, 2/4/16, 2/11/16, 2/18/16, 2/25/16, 3/3/16, 3/10/16, 3/24/16, 4/7/16, 4/14/16, 4/21/16, 4/28/16, 5/5/16, 5/12/16, 5/19/16, 5/26/16

***(I will notify the school in writing if there is a date in the future that my child will NOT be attending C4K)**

**Child's name** _____

Date of Birth _____ Parent's Name _____

School Grade _____ Teacher's Name _____

Name & phone number(s) of person(s) to contact in an emergency: _____

_____

Name(s) of persons authorized to pick up my child: _____

_____

Parent's email address: _____

Mailing Address _____

Food or Medication Allergies: _____

All Medication(s) being taken- _____

Physical impairment(s):_____ Date of last tetanus shot:_____

Other pertinent facts to which the physician should be alerted: _____

Health Insurance company and plan number:_____

I understand that I am responsible for having my child picked up at the school no later than 4:00pm.

_____ _____

Parent/Guardian's Signature Date