

STATE OF ILLINOIS

COUNTY OF COOK & DUPAGE

	do give my child	my full support
		nt) es and events sponsored by Western
Baptist Church and any of its office my child might receive while partic Baptist Church. I authorize Weste	rs, members, or leaders from any sipating in an event or activity un ern Springs Baptist Church or any or other medical facility and furth	mless and release Western Springs liability arising from any injuries that der sponsorship of Western Springs of its officers, members, or leaders er authorize them to consent to any
For Parents – Legal Guardian		
Please fill out the following informathe opposite side.	tion to complete the Permission	Release Form for the activities on
Parent's Name		
Address		
Phone (home)	(work/mobile)	
Name of Insurance Company		
Policy #	Group #	
Approx. date of last Tetanus		
Allergies		
Other Medical Conditions		
Signed Parent – Legal Guardian	 Date	
For Youth		
I understand that while on any villa representative of Western Springs myself in such a way that will not h this Youth Ministry.	Baptist Church and more importa	antly Jesus Christ. I will conduct
Signed		
Youth	Date	