

Abundant Life Assembly of God
130 S. Main St. -- PO Box 724 -- Brooklyn, MI

Parental Consent Form (for off campus events)

Event Name: _____

Event Location: _____

Event Date: _____ **Event Cost:** _____

Date & Time of Departure: _____

Date & Time of Return: _____

Student Name: _____ Age: _____

Student Name: _____ Age: _____

Student Name: _____ Age: _____

Student Name: _____ Age: _____

Student(s) has an Annual Medical Release Form on file

Parental Permission:

I / We as legal guardians of above student(s), do hereby agree and make public that I / We will not hold Abundant Life Assembly of God Church or its affiliates or any adult sponsor responsible for any accidents or injury that may occur while on this trip.

Disciplinary Agreement:

I / We understand that while the above named student(s) participates in any regularly sponsored activity, he or she is responsible to abide by the rules set forth by the sponsoring organization, its leaders, and supervisory personnel. Any serious infraction of rules and/or conduct by a child can result in dismissal from the program. In the event your child is dismissed from the program, I / We the undersigned, agree to assume the cost of returning the child to his/her home. I / We also agree to forfeit any possible refund. I / We understand that such actions would only be taken under extreme circumstances and only after direct consultation with the child's pastor and parent or guardian.

Parent / Legal Guardian: (print) _____ Phone: _____

Parent / Legal Guardian: (sign) _____ Date: _____

Parent / Legal Guardian: (print) _____ Phone: _____

Parent / Legal Guardian: (sign) _____ Date: _____