

**SPEEDWAY CHRISTIAN CHURCH  
INFORMATION & AUTHORIZATION FORM  
FOR CHILDREN & YOUTH**

We must have this form on file in order for your child to fully participate in activities sponsored by Speedway Christian Church.

Child / Youth Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent(s) / Guardian(s) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Twitter \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_, the undersigned parent or legal guardian of \_\_\_\_\_, hereby consent to his/her full participation in the activities of Speedway Christian Church, whether on church property or away. I understand that accidents do happen and hereby release Speedway Christian Church and it's ministers and staff, children's or youth leaders, and other employees, agents, and representatives from any liability or other legal or financial responsibility for supervision of the above-named child. In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize an adult representative of Speedway Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child, when either I or my assignee cannot be contacted. I understand every effort will be made to contact me before such action. I assume financial responsibility for emergency care.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Persons to contact in case of an emergency (other than parents):

Name	Relation to Child	Home Phone	Other Phone

Insurance Company \_\_\_\_\_

Policy / Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Animals \_\_\_\_\_ Plants \_\_\_\_\_

Food \_\_\_\_\_ Pollen \_\_\_\_\_

Drugs \_\_\_\_\_ Insect Bites/Stings \_\_\_\_\_

Asthma \_\_\_\_\_ Other \_\_\_\_\_

Are activities restricted in any way? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Special Needs – Any other information to help us better serve your child:

### Transportation Release

I, \_\_\_\_\_, the undersigned parent / guardian of \_\_\_\_\_, hereby give permission for the above-named child to ride with an approved adult driver from the Speedway Christian Church list of approved adult drivers. I understand that every reasonable effort will be made to insure that an approved adult driver is the provider of transportation for official church events departing from the church. I understand that if it becomes necessary for youth of driving age to transport one another to official events for scheduling or carpool reasons then that arrangement is between the parents of the youth involved. I likewise understand that if youth leave the church property for impromptu gatherings or events then the issue of transportation and youth drivers is between the parents of the involved youth and/or the youth themselves.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release for Minors

I, \_\_\_\_\_, the undersigned parent / guardian of \_\_\_\_\_, hereby consent that any audio recordings, videotapes and/or photographs of the above-named child may be used by Speedway Christian Church in their various communications and promotional materials such as newsletters, website, press releases, television or radio spots. Furthermore, I hereby consent that such photographs and recordings and the media from which they are made shall be their property, and they shall have the right to duplicate, reproduce, sell or make other use of them as they choose free and clear of any claim on my part.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_