



{ @ T H O M A S E L E M E N T A R Y S C H O O L }

PERMISSION & RELEASE FORM

Name	Birthday	Name	Birthday
_____	___/___/___	_____	___/___/___
Name	Birthday	Name	Birthday
_____	___/___/___	_____	___/___/___

Please list additional children and birthdays on back

I give permission for each of my children listed above to attend BLAST, the children's ministry of New Song Church, at Thomas Elementary School. I understand that pictures or videos of this ministry may be taken & posted on the New Song Church web-site or Facebook page, and I give my permission to post such pictures with my child(ren) in them.

Parent(s)/Guardian(s) information:

Name(s)	Address	Best Phone Contact(s)
_____	_____	_(_____)_____
e-mail address(es)		_(_____)_____
_____		_____

Emergency contact information:

Name	Relationship to child	Phone Number
_____	_____	_(_____)_____

Child information:

Any existing medical conditions of which we should be aware? _____
(Be sure to specify which child & any further info, on back if necessary)

Any significant allergies? _____

I/We release New Song Church & all volunteers from any & all liability for personal injury that my child incurs during activities @ BLAST. Should any injuries of a serious nature occur, I permit responsible volunteers with New Song to seek medical attention if deemed necessary.

My child(ren) will be ^{circle one} leaving BLAST by: walking car (if by car, _____ or _____ also has my permission to pick him/her/them up)

Parent's/Guardian's Signature & Date

_____/_____/20__

Have a home church? Yes - _____
No (...not yet :))