

**New City Church
Learning Lab Release Form**

Activity: New City Church Learning Lab Saturday Tutoring Sessions.

Name of Child _____
Last First

Parent or Guardian's Full Name: _____
Last First

Parent or Guardian's Emergency Contact Telephone Number: _____

Parental Release:

As parent or legal guardian, I hereby give permission for my child to participate in the following activity, Saturday, In-Person Tutoring, organized by the New City Church, Learning Lab at the Fairburn Campus in Fairburn, GA. In signing this form, I, _____ (parent or guardian of participant) agree to not hold New City Church, its officers, or the Learning Lab team members liable for any injury, loss, damage, or accident that my child may encounter while participating in the above described activity with the Learning Lab.

Transportation Agreement:

- ☐ I (parent or guardian) am aware I am responsible to provide transportation to and from the event.
☐ I (parent or guardian) agree to be responsible to return at the designated time to pick-up my student(s).

Emergency Contact Information

In case of an emergency, please provide us with 1st and 2nd emergency contacts.

#1: Full Name _____ Number _____ Relationship to child _____
#2: Full Name _____ Number _____ Relationship to child _____

Medical Information

Does this child have any medical or health problems, and has this child any chronic or recurring illness(es) which would have an effect on the child's participation in this activity? ☐ Yes ☐ No

If yes, please describe the problems or illnesses _____

Does this youth require any type of medication? _____. If yes, explain _____

Insurance Information

Is there any medical insurance which provides benefits for this child? _____. If so, please indicate:

Name of the Insurance Company: _____

Address: _____

Policy Number: _____ Phone No. of Insurance Company: _____

Name of Policy Holder: _____

Pick-up Names (please provide us with names of other people you authorize to pick-up your child from Saturday Tutoring sessions.

1. Full Name _____

2. Full Name _____

3. Full Name _____

I, (Parent/Guardian of Child), by signing below give my permission for my child to participate in all prescribed activities except as noted by me.

Parent/Guardian Signature (date)

Children under the age of 18 must have this application signed by a parent or guardian