



1 (ONE) form per child. Photocopy accepted.

Name: _____

Age: _____ **Gender:** _____

Date of Birth: _____

Medical needs – food allergy, etc: _____

Emergency contact: _____

Parent's name: _____

Parent's contact: _____

TO BE SIGNED BY PARENTS/GUARDIAN

I hereby give my child/ward _____ permission to participate in the event organized by NEW LIFE RESTORATION CENTRE LIFEKIDS, inclusive of any outdoor excursions. I appreciate that my child/ward will be taken care of to the best of the church's ability, and I agree and accept not to hold New Life Restoration Centre responsible in the event of any accident, whether fatal or otherwise.

Name: _____

Relationship: _____

Date: _____

Signature:
