## **First Christian Church**

## of Pittsfield, Illinois General Youth Activities Permission

I (we) the undersigned parent(s) or legal guardian(s) of:

		, DOB
(Name o	,	
		,
do hereby grant permission f	or him/her to participate in l	ocal youth activities sponsored by First
Christian Church of Pittsfield	d, Illinois (225 N. Memorial	St., PO Box 306, Pittsfield, IL 62363
phone: 217-285-4129). I (we	e) understand that "local" ac	tivities will generally take place at the
Memorial Street address of th	e church or Crossroads Cent	er. When possible, we will notify you in
advance about field trips, but	t this will allow us to go wi	thin the city limits of Pittsfield without
getting written permission for	r each occasion. This author	ization also releases the church's agents
from personal liability and ac	knowledges that the church's	s insurance will be the primary provider
in the event of accident or inj	ury.	
	Parent or legal guardian	Date
	Parent or legal guardian	Date
Grade in 2018/2019	Allergies	
Home Phone Number	ımber Emergency Contact Number	
T-shirt Size		
		hild/children from any church-sponsored must be at least 18 years of age.