



Youth & Families For Christ, INC.

What starts here changes your life ...



2809 13th Street
Columbus, NE 68601



(402) 564-3700



yffcColumbus@gmail.com

Parental Release Form

I understand that I may revoke this authorization at any time by submitting a written request to the Youth & Families for Christ program, however to the extent that action has already been taken, a revocation will not be possible.

Student name: _____ Date of Birth: _____

Parent/Guardian's Name printed: _____

Mailing Address: _____

Parent Phone # _____ Child's Cell Phone # _____

Emergency contacts: #1 _____

(Other than parent/guardian)

(Name and phone number)

#2 _____

(Name and phone number)

My child is a student at _____

(School)

As the parent/legal guardian, I give permission for my child to be involved in any Youth & Families for Christ event and to be transported to or from said activities. On the occasion of small groups or overnight stays, I would be contacted by YFFC Staff prior to the event, but this permission release form grants permission for my child to participate. Also included are professional meetings that may include, but not limited to, Probation, counseling sessions, O.S.S. and school personnel, community service, etc.

I agree to provide transportation for my child within a reasonable time after YFFC events are over and do not hold YFFC responsible for my child after dismissal of said events.

I agree to allow Youth & Families for Christ staff and/or volunteers to meet with my child before, during or after school hours, on or off school premises. I understand that these are not school affiliated events and therefore I do not hold the school responsible in any way.

I give permission to Youth & Families for Christ to share my child's story, without using their name, date or location and to use my child's picture in collages, newsletters, and/or displays.

I understand that in case of a medical emergency, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I give my permission to Youth & Families for Christ Staff and/or Volunteers to seek medical attention as they deem appropriate for my child.

I understand that all reasonable safety precautions will be taken at all times by Youth & Families for Christ, Inc. staff and volunteers. I understand the possibility of unforeseen hazards and know the possibility of risk. I agree not to hold Youth & Families for Christ, its leaders, employees or volunteer staff liable for any damages, losses, diseases, or injuries.

Medical information about my child that Youth & Families for Christ staff and/or volunteers or medical personnel should know:

Parent/Guardian Signature: _____ Today's Date: _____