

# Spectrum Permission Form 2015-2016 Activities

To:  
Community Church Hong Kong  
1/F J+ Building  
35-45B Bonham Strand  
Sheung Wan, Hong Kong

From:  
Parent / Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact Name/Phone \_\_\_\_\_

Particulars of Child:  
Name \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone \_\_\_\_\_ Allergies \_\_\_\_\_  
Medical Conditions \_\_\_\_\_

I hereby give consent to my abovenamed Child to participate in any activities organized by Community Church Hong Kong outside church premises from time to time during the period from August 2015 to July 2016 (the "Activities"). I assume all risk of and financial responsibility in the participation of the Activities and for any loss or injury to my Child or others that may occur as a result of negligence or misconduct by my Child, and I release Community Church Hong Kong, and the employees, volunteers, and other parents from any and all responsibility and legal liability for loss, damage, or injury to the person or property of which my Child may have sustained or caused during or as a result of participation in the above described activity.

In the event of an emergency, including illness, injury, or incapacity suffered by my Child during the course of the activity, I hereby authorize the youth director (Julie Ellis), to act as agent for me in consenting to necessary medical treatments. In the event that I cannot be reached for the emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. I expect that attempts will be made to contact me in the event of any such emergency.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_