



# PERMISSION TO PARTICIPATE

**To be filled out by Faith Family Church:**

ACTIVITY NAME: Faith Kids Day Camp @ Faith Family Church

DAY: Tuesday - Thursday      DATE: August 18-20, 2026      TIME: 9:00 am -3:00 pm (daily)

DROP OFF AT CHURCH (DAILY): 9:00 AM      PICK UP (DAILY) AT CHURCH AT: 3:00 PM

PLEASE BRING: CHILD'S LUNCH (Snacks will be provided), additional details will be sent as we get closer to camp.

**If you have not yet registered for camp register at: [ffcnw.org/faithkids](http://ffcnw.org/faithkids)**

**ADULT SPONSORS OF ACTIVITY:**

David Mori

davidm@ffcnw.org

Tori Sherry

toris@ffcnw.org

# **PERMISSION TO PARTICIPATE**

**To be filled out by Parent:**

I give permission for my son/daughter, \_\_\_\_\_ (age \_\_\_\_\_ ), to participate in the above mentioned event.

Parent's Name (PLEASE PRINT): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** For children under the age of 18, please fill-out this form as well as the backside **(Medical Release and Authorization/Disclosure of Risk)** and return to Faith Family Church.

# **MEDICAL RELEASE:**

If it should become necessary for my child, \_\_\_\_\_, to receive medical treatment for any reason, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Faith Family Church to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Special Medical information:

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Allergies to medicines/foods or other concerns:

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Parent/Guardian name: (PLEASE PRINT) \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian phone number: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Doctor's Name (PLEASE PRINT): \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Health Insurance Policy #: \_\_\_\_\_

## **AUTHORIZATION AND DISCLOSURE OF RISK**

The undersigned participants shall hold Faith Family Church free and without harm from any loss, damage, liability or expense that may arise while participating at event named above. We understand that there may be a number of activities at this event that may be of an athletic, group or team sport nature, including water events and swimming, all of which could result in serious injury.

In providing your consent I/ we do agree to hold harmless and release Faith Family Church, its employees, agents, officers and director from any and all liability whatsoever arising out of injury, sickness or damage sustained as a result of participation at this event.

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent/Guardian (if under 18 years of age) \_\_\_\_\_

**Faith Family Church, P.O. Box 1937, Milton, WA 98354**  
**Phone: 253.922-7773 Fax: 253.922.3688**