



Denton County Cowboy Church

400 Robinson Road
Ponder, TX 76247
940-479-2043

Please Print (must be completed)

Youth's Name _____

DOB _____ AGE _____ Grade _____

Allergies _____

Youth's Name _____

DOB _____ AGE _____ Grade _____

Allergies _____

Parent/Emergency Contact Information:

Print Name _____

Phone # _____

Print Name _____

2nd Phone # _____

Address _____

City/State/Zip _____

Youth Permission Form

I grant permission for my child to participate in all of Denton County Cowboy Church activities. I understand that my child participates in these activities at their own risk and that Denton County Cowboy Church and its adult supervisors are not liable for any injury, personal or otherwise, to my child or caused by my child. Should any problems arise concerning the behavior of my child that will require them to return home prior to the end of the activity, I will pay for his or her return or come pick up my child.

I recognize that Denton County Cowboy Church uses photographs and video images of events in publicity materials such as the church website and newsletter. I grant permission for photographic or video images of my child to be taken and used for such purposes.

In the event of any medical emergency, I authorize the treatment by a qualified and licensed medical professional and do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Denton County Cowboy Church and I am not reasonably available by telephone to give consent. I agree and understand I am responsible for any medical expenses.

I understand that Denton County Cowboy Church, Ponder, Texas and American Fellowship of Cowboy Churches, and all other persons and organizations connected with this Church, organization, city or arena are not to be held responsible for any injury which I or my child may incur while participating in the event held at or on behalf of Denton County Cowboy Church. I waive any claims for damages to my person, my child, or my property by signing below. I am giving permission, in the event that I cannot be contacted, for the caregivers provided by Denton County Cowboy Church to make such decisions regarding the well being as deemed necessary for my child.

A copy of this form may be used as original.

Signature of Parent

X _____

Printed name of Parent

X _____

Date

X _____