

# Tacoma Christian Center Kid's Event Permission Slip

**Event: Nitro Kid's Conference**

*Cedar Park Church*  
16300 112<sup>th</sup> Ave NE  
Bothell, WA 98011

**Nitro Sleepover**

*Westgate Chapel*  
22901 Edmonds Way  
Edmonds, WA 98020

March 15, 2019 - March 16, 2019

4:00pm                      4:00pm

Transportation Provided by TCC Members

**Permission to Participate & Release of Liability**

I give permission for my son/daughter, \_\_\_\_\_, age \_\_\_\_\_ to participate in the event offered by Tacoma Christian Center Kid's Ministry, and consent and agree to indemnify and hold harmless Tacoma Christian Center, its agents, employees, or volunteer assistants from all claims that I or the church might have arising out of my child's participation in this event which is over and above that which is covered by insurance.

**My child agrees to abide by the Tacoma Christian Center leadership.**

Tacoma Christian Center Kid's Ministry has permission to take pictures of my child:     Yes    No

**Emergency Medical Care & Treatment**

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Tacoma Christian Center acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims FIRST to my insurance company, then to the insurance company for Tacoma Christian Center.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event, which is over and above that which is covered by insurance. In addition, 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 the 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 Tacoma Christian Center to administer or supervise such treatment and to do any procedure that it deems necessary until such time as my child can be safely transported to a doctor or hospital.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*





March 15 – 16, 2019

2<sup>nd</sup> – 5<sup>th</sup> graders

**\$75 per child** Due Feb 24<sup>th</sup>

Registration

\$75 by Feb 24<sup>th</sup> (\$70 for each additional kid)

\$85 by March 3<sup>d</sup>

### Participant's Information

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_  M  F

### Guardian Information

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### In Case of Emergency

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Special Needs or Concerns: \_\_\_\_\_

