

PARENT INFORMATION AND RELEASE FORM

Hillside Ministries of Church of the Cross

Parent/Guardian Information and Permission Form

Name of Activity _____ Date(s): _____

(Please print)

Name of student _____

Date of birth _____ Age _____ Sex _____ Phone # (____) _____

Address _____

City _____ State _____ Zip _____

As parent/legal guardian of the student named above, I have reviewed the information about the youth ministry activity/event and give my permission for him/her to be involved in the activity listed above.

Parent/Guardian Signature _____ Date _____