

**Parent Information and Release Form**  
**The Gateway Church**  
**700 Maple St, Spring Lake, MI 49456**  
**(231) 799-2141**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent(s) / Legal Guardian  
\_\_\_\_\_

Contact Information: Home Phone # \_\_\_\_\_ Cell 1 # \_\_\_\_\_

Work 1 # \_\_\_\_\_ Work 2 # \_\_\_\_\_ Cell 2 # \_\_\_\_\_

If you cannot be reached in case of emergency, please provide the name and contact information for another adult who can be reached.

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Contact Information: Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

I hereby authorize The Gateway Church's leader/agent(s) to consent to emergency medical care or dental care, or both, for my child in the unlikely event that I or other specified adult above are unable to be reached. I further authorize The Gateway Church's leader/agent(s) to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to The Gateway Church's leader/agent(s).

**Release Statement:**

As parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the ministry activity/event and give my permission for the student of this release to be involved in the overall activities and in the specific activities of \_\_\_\_\_.

This permission includes the release to transport the student to and from the event. I/We understand that all reasonable safety precautions will be taken at all times by The Gateway Church and its agents during the event and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold The Gateway Church, its leaders, employees, agents, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this release form incurred during this activity/event.

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

Name of Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_