

Leader Consent Form for
STUDENT MINISTRIES
Grades 5-12

RIVERTREE CHRISTIAN CHURCH
CENTRAL OPERATIONS
7373 PORTAGE STREET NW
MASSILLON, OHIO 44646
(330) 832-9830

Leader's Name _____ Birthdate _____
Address _____
City/State/Zip _____
Spouse's Name _____
Home phone _____ Business phone _____

In the following statements, RiverTree Christian Church personnel refers to all authorized adult sponsors with the youth program, both paid staff and volunteers. These statements are valid from

- I give permission to attend and participate in RiverTree Christian Church activities.
- I give permission for Rivertree Christian Church personnel to transport me to and/or from the activities.
- I give permission for RiverTree Christian Church personnel to make the necessary decisions in the event of a medical or dental emergency.
- I take responsibility for injury or damage to personal property as a result of my actions and assume all expenses incurred for said action(s), including but not limited to, medical, dental, emergency treatment, property loss, etc.
- I understand that I will abide by Christian principles under a covenant of good faith. If disciplinary action is required, I accept your right to refuse or terminate my participation and, if necessary, assume full responsibility for my return home.

ATTACH A PHOTOCOPY OF FRONT AND BACK OF INSURANCE CARD.

Insurance Company: _____ Policy Number _____
Group Number _____ Name of Insured _____
Insured's Employer: _____
Insured's Social Security No. _____ - _____ - _____ Mother's Maiden Name _____
Allergies _____
Special Needs/Additional Information _____
Medications _____

Signature

Date