



I give _____ permission to attend off-campus activities of the Church of Grady County that require vehicle transportation and/or adult supervision (may include: Wednesday Night/Sunday Activities, special outings, etc.).

I understand all reasonable safety precautions will be taken at all times and its agents during the events and activities. I authorize treatment hospital and/or other physician deemed necessary for the subject of emergency.

I understand the possibility of unforeseen hazards and know inherent risks.

Parent/Guardian PRINTED name: _____

Signature: _____

Emergency Contact: _____

Phone Number: _____

Allergies:

Youth Director: Morgan Henrique
Contact Information: 229-977-1583