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PARENTAL CONSENT STATEMENT FORM

I hereby consent to let my child, _____ ,
DOB: _____ Age: _____ Grade: _____, participate in the
following event: CMAXKids .

Are there any limitations your child may have in game participation? _____

(A Medical Release Form must be completed in addition to this Consent Form.)

My child may be released to : _____ Phone: _____

My child may be released to : _____ Phone: _____

Is there anyone your child should not be released to or any other information we
should be aware of? _____

(Information will extend to leaders only, confidentiality will be maintained.)

It is understood that every precaution will be taken for the safety and well-being
of my child, but in the event of accident or sickness, *Elma Alliance Church, its
staff and its volunteers* are hereby released from any liability.

Signature: _____ Date: _____

Printed Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____