THE FIRST CHURCH OF CHRIST - Old North Church, Congregational (United Church of Christ) 8 Stacey St., Marblehead, MA 01945 Phone: 781-631-1244, Fax: 781-631-7238, e-mail: office@onchurch.org

OVERNIGHT/OUT-OF-TOWN/SPECIAL ACTIVITY CONSENT FORM 2016-2017

My son/daughter	would like to participate in the following activity:		
Activity:	Date(s) and start/finish time of activity:		
Drop-off/Pick-up area:		_ Chaperone	es:
Method of transportation:		Cost/othe	r \$ needed:
Additional information:			
Parent/guardian's name:			
Address:	E-mail address:		
Home Phone:	Work Phone:		Cell phone:
Emergency contact:		Phone:	
Do we have a Medical Release Form	m on file for your child?	Yes	No (if no, please submit one)
Special Instructions:			
If this is an overnight event, the girls an older) supervision, based upon the num			
I give my son/daughter	e I arrange transportation home y have made will be forfeited an	e. Furthermore	, in such a case, I acknowledge that
	Parent's signature		Date
I agree to abide by the rules that have to Marblehead. In particular, I agree to coowell on my family and my church. I will improper language, bullying, physical vidrive during youth activities, and I agree group leader.	operate with my group leaders a not engage in any prohibited ac iolence, or sexual activity. I unde	and chaperone tivities such a erstand that o	es, and behave in a way that reflects s smoking, drinking of alcohol, nly adults ages 25 and older may
I also recognize that if I participate in ar damage or sexual activity, my parents v leaders present and/or relevant staff.			

Youth's signature

Date