

Release Form for YIA Sept. 1, 2024 to February 28, 2025

		YOU	th Informatio	n				
Last		First	First M.I.		Grade	Date of Birth		
Ema	 il	Cell Phone		School Attending				
		Parent/G	uardian Infor	nation				
Name:								
Address:								
	Street Address							
	City		· · · · · · · · · · · · · · · · · · ·		State	ZIP Code		
	Email	_		Cel	l Phone			
Altern	ative Contact, Relationship to Youtl	- 1		Phone				
		Insura	nce Informat	on				
Pol.	icyholder Name	Medical Release,	Policy			Carrier		
te above-named child ursuant to the provisi o act in my place and so nderstand that one of tuations that appear plinisters, and advisors esponsibility for all ex grant to Lansing First gree that First Presby	me and to give the require d and to do all other necession of State of Michigan P.A stead in all states of the Unif these advisors will make to be life-threatening. I ago sare free of any liability for spenses incurred for medical threatening and First Presterian Church of Holt may utilistration, advertising, an	ary things as I might o . 1978, NO. 642, Sectio ited States and all prove epeated attempts to conceet that Lansing First Portions and Jor actions and Jor actions are the sections of the sec	r could do if pe n 405 of the Pr vinces and terri ontact me prio resbyterian and ons taken in co ove-named ch edia Release It the right to so without the ch	rsonally present. obate Code; is intories of Canada; to seeking treat I the First Presbyt Innection with th Id." coure and store violation in the secure and store and store with the above	This LIMITED POWER O tended to authorize the and is effective from 9 ment for the above-na terian Church of Holt, it is Limited Power of Att isual and audio media y lawful purpose inclu	of ATTORNEY is given e above-mentioned leader of 1-24 to 2-28-25. I amed child except in as employees, boards, corney, and that I will accept of the above-named child.		
olicy, the right to con unctions, email, group nd available to other	t Presbyterian and First Pres nmunicate with the above- p telecommunications or si persons (youth and adults)	named child via comm milar technologies. Tu participating in the co S	nunications too Inderstand tha	ls and application the above-name	ns including SMS/MMS, ed child's contact infor	, instant messaging, chat mation may become visible		
	e-Named Parent or Guardian			ef	30			
חסצכווהקם פנום SMOLU	to before me,	, tnis	d	ıy 01	, 20			
ionature	My commission expires on							



Release Form for YIA March 1, 2025 to Aug. 31, 2025

		Youth In	formation									
Last	FiI	 rst	M.I.	Age	Grade	Date of Birth						
Ema	 iil	Cell Phone		School Attending								
Parent/Guardian Information												
Name:												
Address:						_						
	Street Address				Apt. #	Apt. #						
	City			State		ZIP Code						
	Email			Cell Phor	ne							
Altern	ative Contact, Relationship to Youth		Phone	e								
		Insurance	Information									
			D-U									
Policyholder Name Policy # Carrier Medical Release/Limited Power of Attorney												
OF ATTORNEY to act for the above-named chill pursuant to the provisi to act in my place and understand that one o situations that appear ministers, and advisors responsibility for all ex "I grant to Lansing First	staff and designated ministry leader me and to give the required consect and to do all other necessary thing ion of State of Michigan P.A. 1978, stead in all states of the United Staff these advisors will make repeated to be life-threatening. I agree that is are free of any liability for decision of the present and the states incurred for medical treated the present the states incurred for medical treated the states incurred the states incurr	ents and authorizationgs as I might or count NO. 642, Section 40 tes and all province at attempts to contain Lansing First Presbyons and /or actions to ment for the abovement	ons for the delivided do if personal 5 of the Probates and territories of the prior to select me delid." Release a right to secure	very of necessary ally present. This e Code; is intend s of Canada; and eeking treatmen First Presbyteria tion with this Lir	y medical care, dia s LIMITED POWER (ed to authorize th is effective from t for the above-na n Church of Holt, i nited Power of At	agnoses, and treatment to OF ATTORNEY is given ne above-mentioned leaders 3-1-25 to 8-31-25. I amed child except in its employees, boards, ttorney, and that I will accept						
purposes as publicity,	illustration, advertising, and web		and understand tions Release		_							
Policy, the right to confunctions, email, grou	t Presbyterian and First Presbyteria nmunicate with the above-named p telecommunications or similar to persons (youth and adults) partici	n Church of Holt and child via communic chnologies. I under pating in the comm	d its staff and m ations tools and rstand that the a	inistry voluntee d applications in above-named ch	ncluding SMS/MMS nild's contact info	S, instant messaging, chat rmation may become visible						
Signature of the Above	e-Named Parent or Guardian											
Subscribed and sworn	to before me,	, this	day of		, 20	-						
Signature		, 20										