

## Release Form for YIA Sept. 1, 2023 to February 29, 2024

		YOL	ith Informatio	n		
Last		First M.I.  Cell Phone		Age	Grade	Date of Birth
Ema	 il			School Attending		
		Parent/G	uardian Infor	mation		
Name:						
Address:						
	Street Address				Apt. #	
	City				 State	ZIP Code
	Email			Cel	l Phone	
Altern	ative Contact, Relationship to Youth	1		Phone Phone		
		Insura	nce Informat	ion		
Pol	icyholder Name		Policy	#		Carrier
ursuant to the provision act in my place and in nderstand that one of tuations that appear ninisters, and advisors esponsibility for all exponsibility	d and to do all other necess on of State of Michigan P.A stead in all states of the Unif these advisors will make report to be life-threatening. I agree of any liability for expenses incurred for medical trees of the Holt may use the contract of Holt may use llustration, advertising, and	. 1978, NO. 642, Sectic ited States and all pro- epeated attempts to deet that Lansing First P decisions and /or acti al treatment for the ab M byterian Church of Ho se such media with or d web content. I have	on 405 of the Privinces and terrivontact me prio resbyterian an ons taken in co ove-named ch edia Release It the right to s without the ch	obate Code; is intories of Canada; ro seeking treat do the First Presbytonnection with the lid."  ecure and store vild's name for an rstand the above	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	e above-mentioned leader 9-1-23 to 2-29-24. I Imed child except in Its employees, boards, Forney, and that I will accep of the above-named child.
olicy, the right to con unctions, email, grou nd available to other	t Presbyterian and First Pres nmunicate with the above- p telecommunications or si persons (youth and adults)	named child via comn milar technologies. To participating in the co S	nunications too understand tha	ols and application t the above-name	ns including SMS/MMS ed child's contact infor	, instant messaging, chat mation may become visible
_	2-Named Parent or Guardiar					
ubscribed and sworn	to before me,	, this	d	ay of	, 20	
ionature			My con	mission expires	on	. 20



## Release Form for YIA March 1, 2024 to Aug. 31, 2024

		You	th Information			
Last		First	<u> </u>	Age	<u>Grade</u>	Date of Birth
Email		Cell Phone		School Attending		
		Parent/G	Jardian Inform	ation		
Name:			<del></del>			
Address:	51.1411					
	Street Address				Apt. #	
	City				State	ZIP Code
	Email	-		Cel	l Phone	
Alternat	ive Contact, Relationship to Youth	-	ŀ	Phone		
		Insura	nce Informatio	n		
"I hereby grant to the sta OF ATTORNEY to act for me the above-named child pursuant to the provision to act in my place and st understand that one of the situations that appear to ministers, and advisors are responsibility for all exp "I grant to Lansing First F agree that First Presbyte purposes as publicity, ill	ead in all states of the Unite these advisors will make rep o be life-threatening. I agre are free of any liability for d penses incurred for medical	consents and author ry things as I might of 1978, NO. 642, Sectio ed States and all prov peated attempts to co e that Lansing First Pr lecisions and /or action treatment for the above yterian Church of Hole es such media with or web content. I have Commu	st Presbyterian C izations for the c r could do if pers n 405 of the Pro inces and territo ontact me prior t resbyterian and ons taken in con ove-named child edia Release t the right to sec without the child read and unders nications Release	hurch of Holt ar delivery of nece conally present. Date Code; is into tries of Canada; to seeking treat the First Presbyt nection with the d." ure and store views d's name for any tand the above	ssary medical care, dia This LIMITED POWER 0 tended to authorize the and is effective from 3 ment for the above-na terian Church of Holt, it is Limited Power of Att sual and audio media y lawful purpose inclue "	gnoses, and treatment to IF ATTORNEY is given e above-mentioned leaders i-1-24 to 8-31-24. I med child except in s employees, boards, orney, and that I will accept of the above-named child. I ding, for example, such
functions, email, group	municate with the above-na telecommunications or simi ersons (youth and adults) p	ilar technologies. I u participating in the co	nderstand that t	he above-name	ed child's contact infor	mation may become visible
Signature of the Above-	Named Parent or Guardian					
-	o before me,	, this _	day	of	, 20	
Signature			Mycomp	niccion avnirac	nn	20