



MIX IS A 4-DAY EVENT OF AWESOMENESS DESIGNED SPECIFICALLY FOR 6TH, 7TH, AND 8TH GRADE STUDENTS.

## 2025 Parent Permission Form

I give my child, \_\_\_\_\_, permission to travel with **Central Church of Christ** to Hope College in Holland, MI and participate in the CIY MIX Trip, Sunday July 27, 2025 – Thursday, July 31, 2025

**In doing so I agree with the following (Please read and check the box next to each statement):**

- ☐ I understand that the total cost for the trip is \$429, \$70 deposit (non-refundable) due at sign-up, a second \$75 deposit due by **March 1, 2025** and the remaining \$284 due by **May 15**. This is a **\$466** value trip. Starting in January if you pay \$85.80 each month your cost will be paid in full.
- ☐ I understand ALL forms and payments are to be turned in by **May 15<sup>th</sup>**.
- ☐ I understand that there will be a **MANDATORY** Parent/Participant meeting on **May 5<sup>th</sup>, 2025**.
- ☐ I understand that my child will travel by a vehicle driven by Jeromy Lawton or other pre-approved drivers.
- ☐ I will have my child at Central and ready to load up and go by **8AM on Sunday, July 27**. I will be at Central or have other arrangements to pick him/her up at approximately **NOON on Thursday, July 31**. To ensure my child's safety, any outside arrangements will be made with Jeromy Lawton by emailing [youth@centrallive.net](mailto:youth@centrallive.net).
- ☐ I acknowledge that CCC's staff and volunteers are responsible for providing a safe ministry environment for my child while in their care, but ultimately my child is responsible for their own conduct and the safety thereof.
- ☐ I acknowledge the inherent risks of gathering in person during the COVID-19 crisis. I agree to discuss social distancing and the need for masks when social distancing isn't possible.
- ☐ I agree, on behalf of myself and my children, to hereby release, covenant not to sue, discharge, and hold harmless Central Church of Christ, its employees, staff and volunteers, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to participation in Central's programs, services or activities. I understand and agree that this release includes any claims, whether a COVID-19 infection occurs before, during, or after participation in this or any such program, service, or activity.
- ☐ I have completed: **Due by April 3, 2025**
  - 1. Central Church of Christ's medical authorization form for 2025
  - 2. Central Church of Christ's parent consent and release for 2025
  - 3. Central Church of Christ's parent permission form (this form)
  - 4. CIY MOVE's Electronic Medical Release Form <https://bit.ly/mix25emrf>
- ☐ I have read and agree to all of the guidelines and information in this packet.
- ☐ Central Church of Christ has my permission to use any pictures/videos of my child in church publicity to include print and social media.

Pay online



EMRF Link



\_\_\_\_\_  
Parent/Guardian Name (PRINT PLEASE)

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**2025**  
**Kid Central and Central Youth**  
**(Kindergarten to 12<sup>th</sup> grade)**  
**PARENTAL CONSENT AND RELEASE FORM**

STUDENT \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

CHURCH OTHER THAN CCC \_\_\_\_\_ BROUGHT BY \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

\*\*\*\*\*

I give permission for my above-named child to go on Church-sponsored activities from  
**January 1, 2025—December 31, 2025**

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I hereby give permission for my child to go on activities and trips as stated above and release CENTRAL CHURCH OF CHRIST, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, if I cannot be reached by phone or because of an emergency there is no time to be reached by phone, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

(X) Signature of natural parent or legal guardian agreeing to above statement:

X \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications to be taken \_\_\_\_\_

Doctor \_\_\_\_\_

Physical Handicaps or limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Member name \_\_\_\_\_

Address of medical insurance company if bill is to be sent to them \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF FRONT AND BACK  
OF INSURANCE CARD AND/OR MEDICAL CARD**

**Information for medical treatment**  
**PARENTAL AUTHORIZATION FOR CONSENT**

I/We \_\_\_\_\_, hereby authorize  
(Parent/Legal Guardian)

any adult leader of Central Church of Christ to consent for necessary medical/surgical treatment for  
\_\_\_\_\_ during my/our absence  
(Minor)

**from January 1, 2025—December 31, 2025**

The above party will/will not be able to contact me

at \_\_\_\_\_ and/or \_\_\_\_\_  
(Telephone number) (Address)

Family Physician \_\_\_\_\_ or \_\_\_\_\_

**Information for minor:**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_

**Responsibility for Bill:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Insurance Company \_\_\_\_\_

Individual Number \_\_\_\_\_ Group \_\_\_\_\_

Address of medical insurance company if bill is to be sent to them \_\_\_\_\_

**DO NOT SIGN BELOW UNTIL YOU ARE IN THE PRESENCE OF A NOTARY!!!**

**Signatures:**

\_\_\_\_\_  
(Parent/Legal Guardian) (Date) (Parent/Legal Guardian) (Date)

\_\_\_\_\_  
(Witness) (Notary of Public)