



Saints Constantine and Helen Antiochian Orthodox Church

Parent Consent Form

In consideration of Saints Constantine and Helen Antiochian Orthodox Church permitting my child to participate in all activities related to the Great Outdoor Blessing of the Waters, I hereby assume all the risks of my son/daughter associated with participation and agree to hold Saints Constantine and Helen Antiochian Orthodox Church, its employees, agents, representatives, volunteers, and all facilities harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activity related to Saints Constantine and Helen Antiochian Orthodox Church activities.

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My child _____ has permission to participate in the Saints Constantine and Helen Antiochian Orthodox Church Great Outdoor Blessings of the Waters event to be held at Meadowmere Park, 3000 Meadowmere Lane, Grapevine, Texas 76051.

I have read and understand the above agreement, and hereby give my consent for my child to participate in the Saints Constantine and Helen Antiochian Orthodox Church Great Outdoor Blessing of the Waters event.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Parent Phone Number: _____

Parent Email: _____

Address: _____

Date: _____



Saints Constantine and Helen Antiochian Orthodox Church

Parent / Emergency Contact Information

Participant (Child Name): _____ Date of Birth: _____

1st Parent/Legal Guardian: _____ 2nd Parent/Legal Guardian: _____

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Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ (home/cell/work) Phone: _____ (home/cell/work)

Phone: _____ (home/cell/work) Phone: _____ (home/cell/work)

Emergency contact if parent cannot be reached:

Name: _____ Phone: _____

Relationship to Child: _____ Child Known Allergies: _____

In the event of an injury or serious illness, permission is hereby granted to the staff to provide First Aid until professional medical personnel arrive. I understand that an attempt will be made to contact me in the most expeditious way possible. If medical personnel are not able to communicate with me, the treatment necessary for the best interest of the above named child may be given.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____