



## TLY RELEASE AUTHORIZATION FORM

My son/daughter \_\_\_\_\_ has by permission to attend Third Lane Youth services sponsored by First Assembly of God, 2270 N. Susquehanna Trl., York, PA 17404 on Sunday nights from 6:00 p.m. - 8:15 p.m. I understand that I will be notified in the case of a medical emergency. However in the event that I cannot be reached, I authorize the TLY staff/representatives to refer my son/daughter to a medical treatment facility (family doctor/hospital, etc.) for the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that First Assembly of God, its staff and representatives will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian and do agree to hold First Assembly of God, and the TLY staff/representatives harmless in the exercise of this authority.

Signature \_\_\_\_\_ Date \_\_\_\_\_