



Youth Activities Consent Form - 2017-2018

I, \_\_\_\_\_ (printed name of parent/guardian), being the parent or legal guardian of the minor(s) listed below have been informed of the activities sponsored by First Presbyterian Church (FPC) and hereby give my consent for my minor child(ren) to participate in these activities. I understand that all reasonable safety precautions will be taken by the leaders of these activities and that the possibility of an unforeseen hazard does exist. I further agree not to hold FPC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor(s) listed on this form. I consent to emergency medical treatment for my child(ren). I understand that all efforts will be made to reach me prior to treatment using the phone numbers I provide below. In the event that I cannot be reached, I give permission to the activity leader to make decisions necessary for treatment. I am responsible for the health care decisions for my child(ren) and agree that my insurance plan is the primary plan to pay for their medical treatment.

By listing the email of myself and my child(ren) below, I give FPC youth group permission to contact us via email in regard to upcoming youth events and activities. If at any time I wish to stop receiving e-mail communications, I will simply respond as such to the email and my information will be removed from the list.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent cell phone(s): \_\_\_\_\_

Parent email (for information about youth events): \_\_\_\_\_

Other emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance provider \_\_\_\_\_ Policy# \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ B-day: \_\_\_\_\_

Student email: \_\_\_\_\_

Allergies/activity restrictions: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ B-day: \_\_\_\_\_

Student email: \_\_\_\_\_

Allergies/activity restrictions: \_\_\_\_\_

We often take pictures of the youth during their activities for use in newsletters, promotional materials, bulletin boards and the church website. We would like permission to use your child's photograph solely for these purposes. (For safety reasons, their names will not be printed with their pictures on the website.) Please initial below to let us know your wishes:

\_\_\_ Yes, I give my consent for photos of my child to be used as stated above

\_\_\_ No, I do not want photos of my child to be used as stated above