

# First Presbyterian Church Permission Waiver Form

Valid from August 2014-July 2015

Participant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Church Attending or N/A: \_\_\_\_\_

Parent(s) or Guardian(s) Names: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Release of Liability:

I (we), the undersigned do hereby give permission for my (our) minor, \_\_\_\_\_ to attend and participate in activities sponsored by First Presbyterian Church from now through July 2015. I understand that youth activities, such as sports, field trips, and other activities carry with them a certain degree or risk.

## First Aid & Medical Treatment:

I (we) authorize an adult, in whose care the minor has been entrusted to seek and secure any medical attention or treatment for my child including hospitalization, X-Ray examination, or surgery. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment as necessary. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

## Transportation during Youth Group Events:

By signing this waiver, I give permission that the child named can be transported, as the activities require, by the approved staff or volunteers of First Presbyterian Church. Should it be necessary for my child to return home due to medical or discipline reasons, the undersigned shall assume all transportation costs.

## Publicity:

By signing this waiver, I authorize the permission for photographs or video to be taken during events, and at First Presbyterian Church. The media may be used for future promotional material, newsletters, bulletin boards, or the church website. If this last part is an issue, please talk to Youth Director, Josh Sumpter.

## Health Insurance Information

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

Policy or Group #: \_\_\_\_\_

## Emergency Contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Allergies or Current Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

## Signatures:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If over 18, please sign here: \_\_\_\_\_ Date: \_\_\_\_\_