

Adams Blvd. Church of Christ Youth Group Permission Form

I, _____, the parent/legal guardian of _____ give my child permission for him/her to participate in Adams Blvd. Church of Christ sponsored events, service projects, and socials, located on or off of church grounds. I give permission for my child to be transported to and from activities under the following conditions: My child may (please initial **ONE**): _____ ride with a driver 18-years or older _____ only ride with an adult 21-years of age or older. I will instruct my child about my choice above and he/she will be responsible to comply with it. I understand that in the event of an accident the driver/owner's insurance carrier is the primary source. The congregation provides coverage, but only as a secondary source.

In the event of an emergency, I, give permission to transport my child to a hospital for emergency medical, dental, anesthetic or surgical treatment. I wish to be advised prior to any non- emergency treatment by the medical provider. I agree to pay for any expenses incurred for such treatment. Should it be necessary for my child to return home due to medical reasons, disciplinary reasons or otherwise, I shall assume all transportation costs.

I understand that photographs and/or video may be taken with film and/or digital cameras and consent to such photographs/video of my child as well as subsequent publication in media including, but not limited to, the following: internet, newsletter, newspaper, and/or periodical.

I expressly acknowledge that there are inherent risks in playing sports and other physical activities that are typical for youth events. As parent and/or legal guardian, I remain legally responsible for any actions taken by the above-named child. I agree on behalf of myself and the above-named child to release, waive, discharge and relinquish Adams Blvd. Church of Christ and its employees, staff, and volunteers from any and all liability for injury or accident during youth events, unless such liability arises from the gross negligence of Adams Blvd. Church of Christ.

Parent/Legal Guardian Name	Signature	Date
Child Name: _____	Birth Date: _____	Phone: _____
Address: _____	City: _____	State: _____ Zip: _____
Name of Father/Legal guardian: _____	Ph # during event: _____	
Name of Mother/Legal guardian: _____	Ph # during event: _____	
Church: _____	Youth Minister: _____	
Name of Family Doctor: _____	Phone #: _____	

Do you have Insurance? **Yes No** Name: _____ **(attach copy of card if possible)**

Policy #: _____ Are you taking any medication? **Yes No**

If yes, medication name: _____ Dosage: _____ Doctor: _____

Do you currently have any medical problems, conditions or physical disabilities which might limit your full participation in the program (including sports). **YES NO** If yes, explain: (use back, if needed)

Please list all allergies below (food and/or medicine)
