

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_

give my child permission for him/her to attend \_\_\_\_\_ on (date) \_\_\_\_\_

at (place) \_\_\_\_\_ from (time) \_\_\_\_\_ until \_\_\_\_\_.

I give permission for my child to be transported to and from this activity 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, and the congregation provides coverage, but only as a secondary source.

In the event of an emergency, I, hereby 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 hospital or doctor. 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. I, individually and in my capacity as parent/legal guardian release, indemnify, and hold harmless the congregation, its employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, and liability arising out of my child's participation in the program. I hereby waive my claim to a lawsuit against the congregation or any such persons for any liability arising out of my child's participation in this activity.

\_\_\_\_\_  
**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)

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)

\_\_\_\_\_