



HILLSIDE CHRISTIAN CENTER

100 Anderson Road
Napa, CA. 94558
707.255.3036

SKATE PARK Permission Slip

Parent Consent, Certification, & Medical Authorization

Valid through December 31, 2012

1. Youth's Name _____ Male _____ Female _____ Birth Date _____

2. Youth's Name _____ Male _____ Female _____ Birth Date _____

3. Youth's Name _____ Male _____ Female _____ Birth Date _____

4. Youth's Name _____ Male _____ Female _____ Birth Date _____

Father's Name _____ Mother's Name _____

Youth's Address _____ Apartment # _____

City _____ State _____ Zip _____

Home Phone _____ Parent's Cell Phone _____

Insurance Company Covering Youth _____ Policy # _____

Physicians Name _____ Physician's Phone _____

CONSENT & CERTIFICATION:

I, the undersigned, being the parent or legal guardian of the youth named above am informed of the activities offered by Hillside Christian Center, and do hereby consent to the participation of my child in all the regularly-scheduled activities of Hillside Christian Center at 100 Anderson Road Napa, California, in Napa County, beginning on the day of 1/1/2012 and ending on the day of 12/31/2012. This includes skating of every kind, hiking, all sports, video production, and any other activity customarily associated with this ministry. Further, I certify that my child is physically fit and adequately trained to participate in such events except as noted: *Please use correlating numbers to identify different children: ie (1)Not good swimmer, (3)Struggles with hikes.*

MEDICAL QUESTIONNAIRE:

Is your child presently being treated for any injury or sickness or taking any form of medication for any reason?

Yes No (If yes, please explain. Please use reverse if necessary.) _____

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly-scheduled activities described above or in any other rigorous activity?

Yes No (If yes, please explain. Please use reverse if necessary.) _____

Does your child require a special diet? Yes No (If yes, please explain. Please use reverse if necessary.) _____

MEDICAL TREATMENT AUTHORIZATION:

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the chaperons of Hillside Christian Center to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that Hillside Christian Center will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify Hillside Christian Center in the event of any health changes which would restrict my child's participation in any normal youth activity. I also understand that the chaperons reserve the right to restrict my child from any activity that they do feel is within the physical capabilities of my child.

LIABILITY RELEASE:

I take full responsibility for my youth's actions. I exempt and relieve Hillside Christian Center and its chaperons from liability for personal injury, property damage, or wrongful death of my youth caused by any act of negligence of Hillside Christian Center and its chaperons. I will pay for any damages caused by my youth. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

((A FACSIMILE OR PHOTOCOPY OF THIS FORM SHALL BE AS VALID AS THE ORIGINAL))

Parent/Legal Guardian Printed Name _____

Signature: *I fully understand the above permission slip* _____

Date _____

Parent/Legal Guardian Printed Name _____

Signature: *I fully understand the above permission slip* _____

Date _____

YOUTH PARTICIPANT:

I understand my guardians are held responsible for my actions while I'm participating in all youth activities.

This means if I damage property, am sent home as discipline, or become injured for any reason, my guardians will pay the cost.

I will do my best to respect all those around me, and to obey the event leadership.

1. Youth Signature _____

2. Youth Signature _____

3. Youth Signature _____

4. Youth Signature _____