

**Parental and Adult Guardian Release Form
For all Youth Activities
For Holy Cross Lutheran Church – Nederland, Texas
July 2014 – June 2018**

PERSONAL INFORMATION

Youth's Name: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Sex: _____
EMAIL ADDRESS: (very important) _____

MEDICAL INFORMATION (please check all that apply)

_____ Allergies (please detail _____)	
_____ Asthma	_____ Bee/Wasp Sting Reaction
_____ Diabetes	_____ Dizziness/Fainting
_____ Epilepsy	_____ Hay Fever
_____ Heart Trouble	_____ High Blood Pressure
_____ Penicillin Allergy	_____ Physical Handicap
_____ Regular Medicine	_____ Respiratory Problems

MEDICAL REMARKS _____

IN CASE OF AN EMERGENCY CONTACT:

#1 _____
Phone Number: () _____ Pager: () _____
Cell Phone () _____ EMAIL ADDRESS: _____
ADDRESS: _____
City: _____ State: _____ Zip: _____
RELATIONSHIP TO PARTICIPANT: _____

#2 _____
Phone Number: () _____ Pager: () _____
Cell Phone () _____ EMAIL ADDRESS: _____
ADDRESS: _____
City: _____ State: _____ Zip: _____
RELATIONSHIP TO PARTICIPANT: _____

(Please complete the back of this form also)

PARENT(S) / ADULT GUARDIAN INFORMATION

Mother: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: () _____ Pager: () _____
Cell Phone () _____ EMAIL ADDRESS: _____
Place of employment: _____

Father: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: () _____ Pager: () _____
Cell Phone () _____ EMAIL ADDRESS: _____
Place of employment: _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

POLICY/GROUP NUMBER: _____

PARENT/GUARDIAN RELEASE FOR MINORS:

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in Holy Cross Lutheran Church youth events. I certify the above information is correct. In an emergency, I do hereby give permission to employ physicians, surgeons, dentists, nurses, and other health care professionals as may be deemed necessary to hospitalize, anesthetize, diagnostically test or perform surgery on the minor named above. I understand that every reasonable effort will be made to contact me at the numbers above before these actions are taken.

By signing this form I understand that I relieve Holy Cross Lutheran Church of any liability, responsibility, damages or hospitalization in case of an accident.

- (check here if) YES, my camper's picture may be used on the Holy Cross Website and/or other publications (Photo only)*

SIGNATURE: _____

DATE: _____

RELATIONSHIP TO PARTICIPANT: _____

**Rules and Procedures for the Transportation of
Holy Cross Lutheran's High School Youth**

1. An eligible High School youth driver is considered to be between 17 and 20 years of age.
2. If a youth is driving and is between the ages of 17 and 20, then he/she can carry passengers, with written permission from the parents of the driver and passengers, and the approval of Pastor. If anyone is 21 or older then no permission is needed for that person to drive.
3. Any person driving recklessly or ticketed while transporting youth, will no longer be able to transport youth to events.
4. If a youth is transported from the church property, that youth must be returned to the church property.

**Holy Cross Lutheran Church
High School Transportation Release Form
for**

My name is _____ and _____ and I am the parent/guardian of the above youth. My child is _____ years of age.

_____ I **DO give permission** for my **child to be a driver** for Holy Cross High School Youth activities.

_____ I **DO NOT give permission** for my **child to be a driver** for Holy Cross High School youth activities

_____ I **DO give permission** for my **child to be a passenger** in a vehicle with a driver between the ages of 17 and 20 for Holy Cross High School Youth Activities.

_____ I **DO NOT give permission** for my **child to be a passenger** in a vehicle with a driver between the ages of 17 and 20 for Holy Cross High School youth activities.

I understand that the above rules apply for any Holy Cross High School Youth Activity.

Date: _____ Signature: _____

Signature: _____

By signing this form I understand that I relieve Holy Cross Lutheran Church of any liability, responsibility, damages or hospitalization in case of an accident.