

**Parental and Adult Guardian Release Form  
For all Youth Activities  
For Holy Cross Lutheran Church – Nederland, Texas  
July 2010 – June 2014**

**PERSONAL INFORMATION**

Youth's Name: \_\_\_\_\_  
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 \_\_\_\_\_

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**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.**

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.**