

Community Church Youth Group Activities Permission Slip

Agreement Permission

As a participant in any youth group activities for 2011 – 2012 I will obey the standard of conduct governing my behavior. I will submit to the people in charge and will cooperate with them. I agree to all of the above mentioned.

Participant's Signature: _____ Date: _____

I/We also agree to all of the above mentioned and give my/our child permission to be a participant in the different youth group activities. I/We realize that at times there may be risks involved, but that Community Church and the leaders involved will try in every way to prevent injury. However, at times there may be injuries and I will not hold Community Church or the individuals involved in the activities responsible.

Parent(s)/Guardian(s)Signature(s):

_____ Date: _____

_____ Date: _____

Medical Release

Name: _____ Age _____ Date of Birth: _____

Address: Street _____

City _____ State _____ Zip _____

Phone#: _____ or _____

Family Physician: _____ Phone# _____

Insurance Company: _____ Policy#: _____

Emergency Person: _____ Phone#: _____

Any Known Allergies _____

Any Pre-existing Conditions _____

Currently on any medication _____

I/we understand that in the event medical treatment is required for my child, every effort will be made to contact me. However, If I cannot be reached, I give my permission to the leaders to secure medical service to provide the care necessary, including anesthesia, for my child's well being.

Parent(s)/Guardian(s) Signature(s):

_____ Date: _____ (If Participant is under 18)

_____ Date: _____

Participant _____ Date: _____