

Youth Group 2017

Permission & Contact Information

Please note: if you have more than one child in Youth Group, write ALL their names on the first line below – only 1 slip per family required.

Child/Youth Name(s): _____

Parent(s)/Guardian Name(s): _____

In case of emergency contact:

Name: _____

Phone #: _____

Relationship: _____

Medical Insurance Company: _____

Policy/Group Number: _____

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s)/Guardian of the child(ren)/youth(s) listed above, I give permission for Woodridge Congregational Church, its volunteers and staff to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent(s)/Guardian Signature Date

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for the child(ren)/youth(s) listed above to be transported to the activities both on the church premises. In consideration for the opportunity of my/our child/youth to participate in the activities of Woodridge Congregational Church, I/we release Woodridge Congregational Church, its employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Woodridge Congregational Church; and I/we agree to indemnify and hold forever harmless the Woodridge Congregational Church, its employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Woodridge Congregational Church or resulting from traveling to or from the activities of Woodridge Congregational Church. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us.

Parent(s)/Guardian Signature

Picture Release

Do you give permission for the child(ren)/youth(s) listed above to have their photos taken? YES NO
If you have specific requests about photos, please explain below (and continue on back of page)