

Youth Ministry Permission Form

Ministry Year: 2018-19

Permission Form: Throughout the year students involved in the RezYouth Ministry have the opportunity to participate in numerous activities, events and trips, some of which are held on-site and some off-site. By signing this form and completing the consent for treatment on the back, you are giving permission for your child(ren) to participate in all activities, events, transportation provided to offsite locations, and trips that are offered through Church of the Resurrection of IL (“the Church”) during the ministry year beginning September 1, 2018 and ending on August 31, 2019.

As the parent or legal guardian of _____ (list names of multiple students, if applicable) I acknowledge and understand that the Church may offer certain activities which carry with them a degree of risk and danger to my child(ren). I consent to my child(ren)’s participation in these activities. I acknowledge and understand that this parental authorization, consent and release has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child(ren)’s behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child(ren) as a result of my child(ren)’s participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child(ren) to proceed with the activities.

In consideration of my child(ren) being allowed to participate in these activities and to use Church’s equipment, facilities, or other designated locations for trips, on behalf of my child(ren), I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Church of the Resurrection of IL and any staff, leadership and/or volunteers from any and all claims, demands, or causes of action, which are in any way connected with my child(ren)’s participation in these activities.

I understand that it is my obligation to inform and update the church of any and all health considerations or medical conditions that would restrict my child(ren)’s participation in any and all activities, trips and events of the Church. Should the need for medical attention arise the church will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency I consent to the transportation, examination and treatment of my child(ren) by a licensed physician or other licensed health care professional. I give permission for a doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child(ren)’s participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this parental authorization, consent and release by reading it before I signed it.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Printed Name _____

Photo Opt-out Form

Church of the Resurrection uses photos of its students and leaders in weekly update emails (“RezYouth News”), on its website, in print materials, and occasionally on social media platforms (Instagram, Facebook). We NEVER include students’ first or last names in any publications without express written permission from their parent or legal guardian.

You may opt-out of having photographs of your child(ren) featured in any print or online publications by checking the box below. Otherwise leave this page blank.

[] I **do not** allow any photos of my child(ren) to be used for promotional purposes or social media.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Printed Name _____

Youth Personal Information

Last Name _____ First _____ Middle _____

Date of Birth ___/___/___ School _____ Grade _____

Additional student(s):

Last Name _____ First _____ Middle _____

Date of Birth ___/___/___ School _____ Grade _____

Last Name _____ First _____ Middle _____

Date of Birth ___/___/___ School _____ Grade _____

Primary Address _____ City _____ Zip _____

Home Phone _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Parent Email: _____

Emergency Contact Information

Emergency Contact #1 _____ Phone _____

Relationship _____

Emergency Contact #2 _____ Phone _____

Relationship _____

Medical/Emergency Information

Name of Insurance Carrier _____

Group # _____ ID # _____

Family Physician _____ Phone _____

Please list any health conditions we should know about (If NONE, check here ___)

Please list any medications taken on a regular basis (If NONE, check here ___)

Please list any allergies your child(ren) has (If NONE, check here ___)

In the event my child(ren) become(s) ill, is injured, or requires emergency medical attention of any kind, I hereby authorize the adult chaperone(s) to arrange for transportation to the nearest hospital/treatment facility. I give permission for a licensed doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I understand that I will assume full responsibility for all medical expenses incurred as a result of the use of this consent.

Parent/Guardian Signature _____ Date ___/___/___

Parent/Guardian Printed Name _____