

St. John's Youth Group Permission Slip

I, _____ (Parent/Guardian), hereby grant permission for my child _____ (Participant's Name), to participate in the Youth Group of St. John's United Church of Christ in Lansdale, Pennsylvania (hereafter "the Church"). I acknowledge that there are inherent risks associated with any activity and I assume full responsibility for those risks.

I understand that travel may be involved, and I hereby give permission for my child to travel with the adult leader or leaders of the St. John's Youth Group, including transportation by car, bus, train, airplane, or any other means.

I understand that it may be necessary for emergency medical treatment to be administered if an injury or illness occurs during Youth Group Events. I grant permission to an adult leader of St. John's Youth Group, my appointed agent if needed, to provide consent for any medical diagnosis or treatment including x-ray examinations; dental services; surgery and hospital care advised by a licensed physician, surgeon, or dentist in the state where these services are rendered. This may include visits to a doctor's office as well as hospitals and urgent care facilities.

I understand that it is incumbent upon me and/or my child to follow all rules as set forth by the church concerning Youth Group. Further, I acknowledge that any misconduct or misbehavior on the part of my child or myself may result in immediate dismissal from Youth Group Events and Youth Group as a whole, at the sole discretion of Youth Group Leaders and Church Staff.

I also agree to release and hold harmless the church and its staff from all liability related to injury or illness that may occur to my child in relation to Youth Group or any activity associated with it. In the event of an emergency, I consent to medical treatment provided by a doctor or hospital of the Church's choice.

I have read and understand all regulations associated with Youth Group, as well as the above statements.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Please complete the reverse side and return the signed permission slip before participating in the St. John's Youth Group.

St. John's Youth Group Permission Slip

Participant's Name: _____ Date: _____

Address: _____

Grade Level: _____ Age: _____

Participant's Phone Number: _____

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

Parent/Guardian(s) Phone Number(s): _____

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

Whomever is designated as Emergency Contact will be the Church's first point of contact in an Emergency, after which a Youth Group Leader will contact the Parent/Guardian(s).

Emergency Contact Name : _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

Emergency Contact Email: _____

Please list the Participant's dietary restrictions:

Please list the Participant's allergies:
