

**This Permission Slip must be Submitted to a Youth Leader before participation in Youth Events**



*...a living, breathing expression of  
God's Joy...*

**2011 Permission Slip for Youth Events at Joy Reigns Church**

Participant's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Day Phone : \_\_\_\_\_ Night Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

I/We the undersigned have legal custody of the participant named above, a minor, and have given our consent for

\_\_\_\_\_ to participate in the activities of the Joy Reigns Lutheran Church Youth Program for 2011. I give my permission to engage in all activities except as noted on the back of this form. I understand that I am responsible for arranging this young person's transportation to and from events (even if dismissed prior to the official end of the event because of unruly behavior). I also give permission for photographs or video of my child to be used by the church for promotional or other purposes.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I am responsible for payment of all fees incurred.

I hereby indemnify, agree to hold harmless, and waive any claim against the Joy Reigns Lutheran Church, its members, representatives, officers, agents, employees, directors, and each of them, for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

*Please Check any of the following that apply:*

***My child has permission to walk home alone at the end of youth events.***

***My child has permission to ride home with another parent.***

***I will meet my child at the end of youth events.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to the Participant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to the Participant \_\_\_\_\_

## MEDICAL INFORMATION

Full Name of Minor: \_\_\_\_\_

Birth Date of Minor: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

### **Check the following areas of concern for this participant.**

*If necessary, add another page with details.*

#### **1. For your child's safety and our knowledge, is your participant a?**

good swimmer  fair swimmer  non-swimmer

#### **2. Does your child have allergies to any of the following?**

pollens  medications  food  insect bites *Please list:*

#### **3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following?**

asthma  epilepsy / seizure disorder  heart trouble  diabetes

frequently upset stomach  physical handicap

#### **4. Does your child wear any of the following?**

glasses  contact lenses

Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

Special needs (including dietary):

## EMERGENCY CONTACT PERSONS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

For your information, we expect each participant to conform to these rules of conduct.

*(Participants who fail to comply with these expectations may be sent home at their parents' expense)*

1. Participation with the group and being on time for all gatherings
2. Respect of property; treat indoor space appropriately
3. Respect of the efforts of others
4. Respect of others participant's opinions and bodies
5. Respect of staff and other adults working with teens
6. Speaking with courtesy and respect to all; no foul language will be tolerated.
7. Disruption that takes away from class time does not respect the rights of others to be in a safe, uninterrupted educational and fellowship space.
8. No possession or use of alcohol, drugs, tobacco or weapons will be tolerated. Anyone breaking this rule, will be sent home immediately
9. No offensive or immodest clothing
10. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
11. Do not leave the event site without the permission of an adult advisor

I understand that these agreements are meant to make this event the best, safest and most fun possible for everyone and that if I violate any of them, the leadership team will have the authority to determine appropriate consequences. I have read and agree to live by these standards.

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Participant's signature

Date