

NORTHLAKE YOUTH MINISTRY
Permission/Release Form
August 2011 – August 2012

I/We give consent for (print teen's full name) _____ to attend any Northlake Youth Ministry event which is sponsored by Northlake Church of Christ.

In the event that he or she is injured while under the care of Northlake church staff, paid or volunteer, and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Northlake Church of Christ and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event(s) and do hereby release the Northlake Church of Christ and its representatives from any liability due to accident or injury incurred by our child.

I/We agree to cover all costs if our child needs to be sent home for disciplinary reasons.

Please indicate your consent to the following

- My child is allowed to drive his/her vehicle on Youth Ministry outings.
- My child is allowed to transport other teenagers in his/her vehicle on Youth Ministry outings.
- My child is allowed to ride in vehicles driven by other teenagers on Youth Ministry outings.

--OR--

- My child is **not** allowed to drive his/her vehicle on Youth Ministry outings.
- My child is **not** allowed to ride in vehicles driven by teenagers on Youth Ministry outings.

I/We understand that if our child is found disobeying established traffic laws while driving his/her vehicle on a Youth Ministry outing, he or she will not be allowed to drive his/her vehicle on future Youth Ministry outings.

Parent/Guardian Signature _____

(over for Emergency Contact Information)

Emergency Contact Information

(Please print clearly)

Parent/ Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Other Phone _____

Special Medications/ Allergies _____

Family Doctor/ Practice _____

Doctor's Phone _____

Insurance Company _____

Group # _____ Policy # _____

Those in charge will take every possible safety precaution. Every attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!