

Carmel Presbyterian Youth Ministry  
**2010-2011 EVENT PERMISSION FORM**  
2048 Carmel Road, Charlotte, NC 28226

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Student's Grade: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Best Contact #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

In case of emergency call (if a parent can't be reached): \_\_\_\_\_

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

Name on Policy \_\_\_\_\_ Policy Holder Date of Birth \_\_\_\_\_

Group # \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Any known medical problems:  Yes  No

If yes, explain \_\_\_\_\_

Any medications to be taken and dosage? \_\_\_\_\_

(Please give all prescription medicines to Dan)

Are you allergic to any medicines, plants, bee stings, milk, foods, etc.?  Yes  No

If Yes, Explain: \_\_\_\_\_

Please list any other special needs we should be aware of: \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_ last Tetanus shot: \_\_\_\_\_

**For your information, we expect each student to abide by these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive on trips or transport any other students while on a trip
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping areas and no girls in boys' sleeping areas
- Participation with the group is expected
- Respect all property (personal, others, and facilities)
- Respect all (staff, students, and adult leaders)
- Be on time to all meetings

**Students who fail to comply with the above may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

**Release of Liability**

By signing this Registration Form, I expressly warrant that my child named on this form, is capable of withstanding both physical and mental demands of the activities that are associated with youth ministry participation. I also assume all risks to my child participating in the activities, whether such risks are known or unknown to me at this time. I further release Carmel Presbyterian Church and its ministries, leaders, employees, volunteers, and agents from any claim, liability, actions, expense, obligation, and/or damages that my child may have against them as a result of injury or illness incurred during the course of participation in the activities. The release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's family or estate, heirs, representatives, or assigns may have against Carmel Presbyterian Church or its ministries, leaders, employees, volunteers, or agents.

I furthermore agree to indemnify and hold harmless Carmel Presbyterian Church and its ministries, leaders, employees, volunteers, and agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for Carmel Presbyterian Church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action needed to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Special Events and Trips**

I understand that the child named above will be participating. I understand that during this period my child may take part in all scheduled and unscheduled activities consistent with the purposes of the church.

I represent that I am the parent/guardian of \_\_\_\_\_ who is less than 18 years of age. I have read the above Permission Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Carmel Presbyterian Church, including any special events/activities described above.

Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

**Payment is due with this form**