

**Youth Ministry Events**

**June 2018-August 2019 *Revised 05/09/2018***

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 ***(This will be kept on file for the above dates, please fill out a new form if you have any changes.)***

**(This is not an individual event registration)**

|  |  |
| --- | --- |
| **Student Name** | **Parent/Guardian** |
| Phone | Cell Phone |
| Address | Work Phone |
| City/State/Zip | Email |
|  |  |
| Birthdate  | **Medical Insurance Company** |
| Grade Gender: M or F |
| School | Policy Number |
|  |  |
| In case the **Parent/Guardian** cannot be reached during an emergency, an alternate contact person is: | Home Phone |
| **Name** | Work Phone |
| Relationship | Cell Phone |
|  |  |
| List any special medical conditions, food or medicine allergies, or medications. |

**Parent/Guardian Agreement**

I, the undersigned parent/guardian of the
above-named student, grant permission for the student to participate in the various outings and events sponsored or attended by NorthPoint Church Youth Ministry Department. As parent/guardian, I have been advised of the nature and extent of the activities that may take place and represent to you that the student is physically and mentally able to participate in those activities.

As parent/guardian, I understand that this activity, as in any activity for young people, does present the risk of injury or even death, and I have advised the student of those possibilities. I represent to you that the student and I assume the risk of any such injury or death, and hold you, your ministry, agents, employees, and any other person or entity harmless from any claim for damages arising as a result of the conduct of the student in this activity and agree to defend, and indemnify you, your ministry, agents, employees, representatives, and any other person or entity against any claim or liability arising as a result of such conduct.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I, as parent/guardian, am not personally present at these activities and so am not able to be consulted in a medical emergency, you are authorized on my behalf to arrange for medical and/or hospital treatment as you may deem advisable for the health and well being of the student.

In the event medical expenses are incurred, I accept my medical policy (listed above) has primary coverage, and the church’s policy is secondary.

I understand activities could include both passive and active sports and games, including snow tubing, swimming, relays, soccer, overnight parties, tug of war, group relays, water wars, waterslides, volleyball, basketball, softball, baseball, football, roller-skating, skateboarding, white-water rafting, hiking, caving, inner-tubing, snowmobiling, retreats, camps, mission trips, road trips, and similar activities.

**Parent/Guardian Signature:**

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