## NORTHPOINT CHURCH

## **Youth Ministry Events**

June 2018-August 2019
Revised 05/09/2018

(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
Diffidate	medical insurance company
Grade Gender: M or F	
School	Policy Number
	T =:
In case the <b>Parent/Guardian</b> 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.

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.

Date:	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.	Parent/Guardian Signature: