

Fellowship Youth Parental Permission Form / Consent Waiver

September 1st, 2017 – August 31st, 2018

Description of Activities: Students may attend events that are held at Fellowship Church or other venues as determined by the youth pastor. They may travel by bus, van, or in cars with drivers approved by the youth pastor. Information on individual events and activities is available through flyers, newsletters, website, social media, and email.

I/We give consent and permission for _____ to participate in all activities as described above and to travel to the country(ies), state(s), and province(s) related thereto anytime during the period of September 1st, 2017 – August 31st, 2018.

Printed Name: _____ mother/father/other (circle one)

Parent/Guardian Signature: _____ Date: _____

STUDENT INFO

Name: _____ Birth Date (dd/mm/yy): _____

Grade: _____ School: _____

Cell #: _____ E-mail: _____

Sports / Activities Involvement: _____

Health Card #: _____

Family Doctor: _____

Please attach a sheet describing any allergy or medical conditions we need to be aware of.

PARENT/GUARDIAN CONTACT INFO

Address: _____

City: _____ Postal Code: _____

Home #: _____ Cell/work #: _____

Email: _____

Add me to the Fellowship Youth Parent's email list: Yes / No (circle one)

EMERGENCY CONTACT INFO (Other than Parent/Guardian)

Name: _____ Relation to student: _____

Address: _____

City: _____ Postal Code: _____

Home #: _____ Cell/work #: _____

Email: _____

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Participant's Name: _____

The undersigned _____ a parent or legal guardian of the above named participant, a minor, herein authorizes the adult sponsor of Fellowship Church, or any adult person bearing this written authorization into whose said care the above mentioned minor has been entrusted, to consent to any and all x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered in the exercise of his/her best judgment under the laws of the country(ies), state(s), or province(s) where said minor is located for the program. It is understood that this authorization is given in advance of any specific diagnosis, but is given to provide authority and power on the part of said adult person.

I understand there is inherent risk of injury and/or sickness to the minor in connection with this program. Further, I understand that the minor will be subject to greater risks of injury, accident, sickness, disease, and death while participating in these activities.

Notwithstanding these things, I fully indemnify and hold harmless Fellowship Church from any claims whatsoever that relate to the minor in connection with any Fellowship Youth activities, including attorney fees, cost and expenses Fellowship Church may incur in connection to any injury, death, or loss the minor may suffer, unless there is gross negligence on the part of the agent of Fellowship Church.

I understand that if the above named participant chooses to disregard the rules and directions given by his/her leader, he/she may be sent home at my expense.

This authorization will remain active until the program is terminated, unless sooner revoked in writing, delivered to the adult sponsor of the aforesaid Fellowship Church activity.

Every effort will be made to contact parents / guardian before medical treatment is sought.

Signature: _____ Date: _____

Mother/ Father/ Legal Guardian (circle one)