

**SHELBY CHRISTIAN CHURCH YOUTH EVENT
2019-20 SCHOOL YEAR
PARENTAL CONSENT FORM**



Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade for 2018-19:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

ACTIVITIES:

The undersigned does hereby give permission for the minor named above to attend and participate in all activities, tasks, transportation, and lodging(s) associated with the Shelby Christian Church effective June 1st, 2019 and terminating July 31, 2020 at 11:59PM and effective only upon signing of this form. This form, once completed and returned, will be kept in a closed file at all youth events in case of emergency.

RELEASE AND WAIVER:

I hereby release the Shelby Christian Church, its ministers, employees, volunteers, officers and representatives [hereinafter referred to as the "Church"] from any claim for liability, suit, complaint for damages, demand or otherwise in any way related to my child's participation in activities described herein. I understand and agree that my child may participate in activities which may be DANGEROUS and which could lead to personal injury. Those activities may include driving to and from the event or activity, participating in the activities or witnessing or watching others participate in activities. I agree on behalf of myself, as the parent or guardian of my child, and on behalf of my child as well, that I hereby release and waive any claims in any way related to these activities or otherwise. This Release Agreement shall include but not be limited to claims against the Church for harm to me, or my child, caused, in whole or in part, by the negligence of the Church. I intend that this Release be construed to the broadest extent possible and that it include claims which have occurred to date and for any claims which may arise in the future in any way related to the activities in this Consent Form.

DISCIPLINE:

The minor identified on this form understands that they are expected to abide by the rules and be directly responsible to the Youth Sponsor(s) and Adult leader(s) including the Associate Minister of Youth. The Shelby Christian Church Adult leader(s) assume(s) responsibility for discipline at this activity and, if necessary, may require a group member/minor to return from an activity because of misconduct or disobedience. In such instance the Adult Leader(s) will arrange for returning the minor home, however, the cost of transportation for returning the child home will be borne by the parents/guardians. Contact will be made with the parents/guardians before the child is returned home.

IN CASE OF EMERGENCY:

We (I) authorize the Adult Leader(s), Youth Sponsor(s), or Youth Minister in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed

hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I understand however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

FURTHER AGREEMENTS:

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the Adult Leader(s), Youth Sponsor(s) or Youth Minister in whose care the minor has been entrusted while attending and participating in the activities pre-determined by the Adult Leadership. I further hereby give permission for my child to stay overnight at any such facility deemed appropriate by the Adult Leader(s), Youth Sponsor(s) or Youth Minister (s) during pre-arranged activities, and I hereby release all parties associated with provided lodging according to the terms provided above. In the case of overnight stays, the Parent will be pre-notified of exact facilities where their child will be staying as well as under which adults' supervision they will be entrusted. I further agree to the provisions provided in all addenda, appendices, covenants and purpose statements associated with the Shelby Christian Church Youth Group.

MEDICAL TREATMENT INFORMATION:

Parent(s) / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Insurance Company: _____

Policy number: _____

All Known allergies (food, medical, insect etc.):

 Signature of Parent/Guardian

 Date

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.