



October 2011

Parents and Guardians of St John's Youth,

Attached is the 2011-2012 permission/wavier forms for all youth involved with St John's. Please complete the forms and return them to me as soon as possible.

These forms will help keep your child(ren) as safe as possible while in our care. Also included is a publicity consent that would allow St John's to use photographs or videos to advertise our ministries.

Please make sure that both parent/guardian as well as the youth sign the forms. As always, feel free to contact me if you have any questions.

Blessings,

Melodie Rezac
Minister for Children and Youth
melodie_rezac@yahoo.com
740-503-4803

St John's Permission/Waiver Form 2011—2012

Name of Youth — *one form for each youth please*

Parent/Guardian name

Address

Email address

Phone numbers (home · work · cell)

Date of birth/Age _____ / _____ Academic Grade _____

Emergency contact:

Name Phone

Medical/Dental Insurance Information:

Medical Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company: _____

Insurance Company AGENT: _____ Phone: _____

Policy #: _____

Health History: (please check all that apply)

- Asthma Sleep Disturbances Heart Problems Upset Stomach
 Frequent Headaches Frequent Colds Seizures Motion Sickness
 Vision Impairment Hearing Impairment Physical Disability
 Mental Disability Mental/Behavioral Disability Back Problems Other

If you checked any of the above, please explain on the reverse:

Swimming Ability:

Non-Swimmer Beginner Moderate Advanced

Allergies:

Food _____

Penicillin or other drug _____

Insect stings/bites _____

Poison sumac, oak or ivy _____

Medications:

Is your child currently taking prescription or non-prescription medication? _____

If yes, what medication(s)? _____

What is the frequency and size of the dosages?

If you give your child permission to administer his/her own medication, please sign here:

Parent/Guardian signature

date

Publicity Consent:

On occasions, St John's Evangelical Protestant Church, United Church of Christ (UCC), takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in St John's publications or advertising materials to let others know about its ministries. I hereby consent to the use of any such audio or visual record of my child as St John's Evangelical Protestant Church UCC sees fit. This consent includes but is not limited to photographs, videos and audio recordings.

Parent/Guardian signature

date

Release of Liability:

By signing this waiver form, I grant permission for the child named above or I, if I am a participant, to participate in and engage in the 2011—12 youth events of St John's Evangelical Protestant Church UCC. My child or I are physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in the said activities, and have discussed them with my child if necessary.

I release St John's Evangelical Protestant Church UCC, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I or the emergency contact cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless St John's Evangelical Protestant Church UCC, volunteers, and employees of any and all claims arising from my child's or my participation in activities or as a result of injury or illness of my child or me during such activities.

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the Permission/Waiver form and am fully in agreement with the contents thereof. I give permission for the child named above or I to fully participate in the activities of the St John's Evangelical Protestant Church UCC.

Parent/Guardian signature date

Youth Agreement:

I agree to participate in the functions and activities of St John's Evangelical Protestant Church UCC, to cooperate with the leaders and other young people and to conduct myself in an acceptable manner. I promise to respect God, other people, property and myself. I understand that my continued participation in St John's Evangelical Protestant Church UCC activities depends on my support of this agreement.

Signature of youth date