

Parents and guardians of St. John's Youth,

I would greatly appreciate if you could take the time to fill out this permission form. It will help us keep your children as safe as possible while they are in our care. Feel free to contact me if you have any questions.

Thank you,

Laura Kuntz

[lkuntz@trinitylutheranseminary.edu](mailto:lkuntz@trinitylutheranseminary.edu)

(330)803-6152

St. John's Permission/Waiver Form  
2009, 2010

Youth Information:

Name of Youth:

Birthdate:

Address:

Phone:

Age of child: Academic Grade:

Name of Parent(s)/Guardian(s):

Address (if different from youth's):

Cell Phone: Work Phone:

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE #:

Medical/Dental Insurance Information:

Medical Doctor:

Phone:

Dentist:

Phone:

Insurance Company:

Insurance Company 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:

Swimming Ability:

Non-Swimmer  Beginner  Moderate  Advanced

Allergies:

Food –

Penicillin or other drug –

Insect stings/bites –

Poison sumac, oak or ivy

Medication:

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 Signature

\_\_\_\_\_  
Date

Publicity Consent:

On occasions, St. John's. 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 audiovisual 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 sees fit. This consent includes but is not limited to photographs, videos and audio recordings.

\_\_\_\_\_  
Parent 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 2009,2010 youth events of the St. John's. 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 the St. John's, 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 the St. John's, 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 participant, or 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 U.C.C .

\_\_\_\_\_  
Signature of Participant of Parent/Guardian

\_\_\_\_\_  
Date

### Youth Agreement:

I agree to participate in the functions and activities of St. John's Evangelical Protestant Church U.C.C , 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 U.C.C activities depends on my support of this agreement.

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Signature of Youth

Date

St. John's Evangelical Protestant Church U.C.C  
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