

# Second Presbyterian Church Release Form For Youth Events

Valid 8/25/19-8/24/20

We (I), \_\_\_\_\_, am not aware of any medical condition of my child, \_\_\_\_\_, which would render inappropriate for him/her to participate in activities with youth group. We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to receive medical treatment, including but not limited to emergency surgery or medical treatment, be taken to a hospital, and/or travel in an ambulance should the need arise and assume the responsibility of all medical bills, if any.

Child's Full Name: \_\_\_\_\_

Known Medical Conditions/Allergies: \_\_\_\_\_

\_\_\_\_\_

Insurance Company and Policy Number

\_\_\_\_\_

Name of Policy Holder and Relationship

\_\_\_\_\_

Insurance Company Phone Number

\_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Second Parent/Guardian Full Name: \_\_\_\_\_

Parent(s) Address(es): \_\_\_\_\_

\_\_\_\_\_

Parent(s) Home Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent(s) Cell Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent(s) Work Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

(Other than a Parent or Guardian)

Alternate Emergency Contact Phone: \_\_\_\_\_

(Other than a Parent or Guardian)

**Photo Release:** I hereby authorize my child's image or likeness to be reproduced or used for marketing, brochures, emails, Facebook, Twitter, and other social media sites, church and youth group websites, and for other uses as determined by church staff.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

Please include me in email updates on Youth events: YES  NO

Please include me in text updates on Youth events: YES  NO

Parent/Guardian Email Address: \_\_\_\_\_

Second Parent/Guardian Email Address: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Youth Cell: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Fall 2019: \_\_\_\_\_

School: \_\_\_\_\_