

OFF-SITE EVENT COVENANT AND PERMISSION SLIP

Immanuel Lutheran Church, Holden, MA

This form is to be used for each event, after 'Youth Group Annual Permission Slip' is filled out.



Check the box that applies.

- Senior High Youth Group** (Grades 9-12)
- Junior High Youth Group** (Grades 6-8)
- Wonder League Youth Group** (Grades 2-5)

I agree to:

- a) participate in the scheduled activity and remain with the Youth Group
- b) show respect to others (leaders, participants, etc.)
- c) be a positive representative of my Christian faith by showing compassion for others
- d) refrain from harming others (using physical force or using offensive language)
- e) report any illegal, abusive, or offensive behavior to the leader of the event

Signature of Youth: _____ Date: _____

I, _____, give permission for my son/daughter, _____,
PARENT/GUARDIAN PARTICIPANT

to participate in _____ sponsored by the
EVENT

Immanuel Lutheran Church Youth Ministry or LIPY-CM (*Lutheran Inter-Parish Youth of Central MA*),

to be held on _____.
DATE(S)

- I agree with the youth covenant, signed above by my child.
- I further express my appreciation for the congregation's Youth Director and the adults who are volunteering their time to make the event possible.
- I understand that failure to follow the covenant will result in a phone call to me for immediate pick-up/removal of my child from the event.

MEDICAL TREATMENT

Should emergency medical treatment be necessary, I authorize the adult leader(s) of Immanuel Lutheran Church to act on my behalf and administer/approve appropriate treatment.

RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release Immanuel Lutheran Church, LIPY-CM, the Church staff, all sponsors, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above event.

Signature of Parent/Guardian: _____ Date: _____

Primary Contact Information (*parent/guardian*)

Home Phone: _____ Cell Phone: _____

Secondary Contact Information (*only to be used if primary contact can not be reached*)

Name: _____ Phone Number: _____