

YOUTH GROUP ANNUAL PERMISSION SLIP

Immanuel Lutheran Church Holden, Massachusetts

Check one box:

-Senior High Youth Group
(Grades 9-12)

-Junior High Youth Group
(Grades 6-8)

-Wonder League Youth Group
(Grades 2-5)

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

to participate in all regularly scheduled, on-site events sponsored by the Immanuel Lutheran Church Youth Ministry, to be held from **September 1, 2009 to August 31, 2010**.


I further express my appreciation for the congregation's Youth Director and the adults who are volunteering their time to make the event possible.

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, 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 events.

 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: _____

Allergies or Health Concerns

Please list any: _____

<p>HEALTH INSURANCE INFORMATION (Please print)</p> <p>Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Policyholder's Employer: _____</p> <p>Policyholder's Name: _____</p> <p>Policyholder's Address: _____</p> <p>_____</p>
