

Columbia Presbyterian Youth Group 2009-2010



Columbia Presbyterian Church  
 Youth Group  
 2009-2010

Participant's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Participant's Email: \_\_\_\_\_

Participant's Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

Parent/Guardian Phone:(mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Please Check the following that apply:

- My child has permission to walk home alone at the end of youth events.**
- My child has permission to ride home with another parent.**
- I will meet my child at the end of youth events.**

I/We the undersigned have legal custody of the participant named above, a minor, and have given our consent for \_\_\_\_\_ to participate in the activities of the Columbia Presbyterian Church Youth Program for the years of 2009 and 2010. I give my permission for the participant to engage in all activities except as noted on the back of this form. I understand that I am responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior).

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I am responsible for payment of all fees incurred.

I hereby indemnify, agree to hold harmless, and waive any claim against Columbia Presbyterian Church, the Presbytery of Greater Atlanta, its members, representatives, officers, agents, employees, directors, and each of them, for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Relationship to the Participant \_\_\_\_\_

Relationship to the Participant \_\_\_\_\_

**MEDICAL INFORMATION**

Full Name of Minor: \_\_\_\_\_

Birth Date of Minor: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**If necessary**, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this participant.***If necessary, add another page with details.***1. For your child's safety and our knowledge, is your participant a**
 good swimmer     fair swimmer     non-swimmer
**2. Does your child have allergies to any of the following?**
 pollens     medications     food     insect bites
**3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following?**
 asthma     epilepsy / seizure disorder     heart trouble     diabetes  
 frequently upset stomach     physical handicap
**4. Does your child wear any of the following?**
 glasses     contact lenses

Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

Special needs (including dietary):

## EMERGENCY CONTACT PERSONS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

For your information, we expect each participant to conform to these rules of conduct.

*(Participants who fail to comply with these expectations may be sent home at their parents' expense)*

1. Participation with the group and being on time for all gatherings
2. Respect of property; treat indoor space appropriately
3. Respect of the efforts of others
4. Respect of other participants' opinions and bodies
5. Respect of staff and other adults working with teens
6. Speaking with courtesy and respect to all
7. No possession or use of alcohol, illegal drugs, tobacco or weapons will be tolerated. Anyone breaking this rule, will be sent home immediately.
8. Do not leave the event site without the permission of an adult advisor

I understand that these agreements are meant to make this event the best, safest and most fun possible for everyone and that if I violate any of them, the leadership team will have the authority to determine appropriate consequences. I have read and agree to live by these standards.

Participant's signature

Date

\_\_\_\_\_

\_\_\_\_\_