

CHILDREN'S & YOUTH SPECIAL EVENT CONSENT FORM

North Shore Congregational Church • Fox Point, Wisconsin

Description or title of event: _____

Date(s) and time(s) of event: _____

Site(s) of event: _____

Mode of transportation (if applicable): _____

Please print the first and last name(s) of the young person(s), participating in the above named event, for whom you will accept responsibility ("Participant(s)"): _____

I hereby certify that I am aware of, approve of, and take full responsibility for the participation of the Participant(s) in the above described event. Furthermore, I assume all risk of and financial responsibility for any loss or injury to the Participant(s) or others that may occur as a result of negligence or misconduct by the Participant(s), and I release North Shore Congregational Church, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person or property of the Participant(s) which may be sustained during or as a result of participation in the above described event.

In an emergency, including illness, injury, or incapacity suffered by the Participant(s) during the course of the event, I hereby authorize the Director of Youth Ministries, the Director of Children's Ministries, a teacher, a mentor, an advisor, or any other volunteer leader or assistant to act as agent for me in consenting to any reasonably necessary X-ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. I expect that attempts will be made to contact me in the event of any such emergency.

Signature of parent or legal guardian: _____

Date: _____ Emergency telephone number(s): _____

I'm attending this event to make friends and to be a friend, to learn a little more about God, and to have fun! I understand that if I fail to follow the rules and directions given by the adult leaders — or if I fail to show basic respect and Christian concern toward my fellow group members, the adult leaders, or the church's property — my family may be called and I may be sent home at any time. I also realize that my attitude will largely determine the kind of experience I have at this event, and therefore I'll do all that I can to make it a safe and fun time of recreation and learning for myself and for others.

Participant(s)'s signature(s): _____ Date: _____

MEDICAL INFORMATION PERTAINING TO THE PARTICIPANT(S):

Allergies: _____

Medication(s) being taken: _____

Physical handicap(s) or limitation(s): _____

Medical insurance company: _____

Group or policy number: _____

Any other information that you deem important for the adult leaders to know (continue on reverse side if needed):