

Spirit of Joy Church

Spirit of Joy Church 2013-2014 YOUTH MINISTRY Medical Release Treatment Form

I, the undersigned parent/legal guardian, do hereby grant permission for _____ to participate in various activities sponsored by Spirit of Joy Church from September 8th, 2013- Sept 1, 2014. I am aware that this covers activities at and away from the youth group sponsored premises. In order that my child may receive adequate medical treatment from volunteer medical staff involved in the youth group or from the medical staff of hospitals, I hereby consent to medical treatment of my child, should he or she sustain injury or illness while involved in a youth group activity. I hereby release the Pastor of Youth and Family Ministry, volunteer staff, event staff, and various agencies providing youth events from all debts, judgments, or suits of any kind that may arise as a result of the applicant's participation in church sponsored programs. I further acknowledge and understand that while participating in church activities there is a risk for injury and/or illness. Payment of any medical expenses will be paid by myself and/or my insurance company.

Please list any medical problems or frequently used medications:

(Please print the following information)

Minor's Full Name _____ Height _____ Weight _____

Date of Birth _____

Insurance Company & Address:

Policy Number _____ Group Number _____

Subscriber's Date of Birth _____

Parents or Guardians _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

Consent and Release Form

By signing this statement, I am giving my consent for the above named youth to participate in all Youth Group sanctioned activities during the church year as set forth above, whether located at the church or within Marion and Hamilton Counties, Indiana and if necessary, consent to said child being transported by church staff or their designated volunteers to, from, and during said activities by rental or private vehicles. I understand that a separate consent form will be provided to me before my child will be permitted to participate in or be transported to an out of county activity or any overnight activities regardless of location. When I drop my child off at a Youth Group sanctioned activity or allow my child to be transported to such an event, I am granting my consent for my child to fully participate therein unless otherwise directed by me in writing.

We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the youth during the activities attended by them to be used, distributed or shown as the church deems appropriate.

Finally, we understand that all reasonable safety precautions will be taken at all times by Spirit of Joy Church and its agents during the activities and events that the youth will be invited to participate in. We understand the possibility of unforeseen hazards and know the inherent possibility of risk. We agree, therefore, not to hold Spirit of Joy Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the youth.

We, the undersigned have carefully read the foregoing consent and release and are signing of our own free act and deed.

Signature of Parent/ Guardian: _____

Print Name:

Signature of Youth: _____

Date of Signatures: