

Renegade Youth Group Parent and Student Release/Permission Slip
January 1, 2017 through December 31, 2018

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|---------------------|-------|
| Student Name | |
| Mobile Number | Email |

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| Student Name | |
| Mobile Number | Email |

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|---------------------|-------|
| Student Name | |
| Cell Phone | Email |

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|----------------------|-----------------------------|
| Parents Names | |
| Home Phone Number | Church Affiliation (if any) |
| Mom Mobile Number | Email |
| Dad Mobile Number | Email |
| Address | |

As parent/legal guardian I give my permission for my child(ren) to be involved in all activities of the Renegade Youth Group of the Wayne Presbyterian Church. I further recognize this is a blanket permission slip for two years and anything indicated here will remain in effect for two years, unless changed by me in writing.

I/We consent to the use of any video images, photographs, audio recording or any other visual or audio reproduction that may be taken of the subject of this release during any activity, to be used, distributed or shown by either Preakness Baptist Church or Wayne Presbyterian Church.

I/We understand all reasonable safety precautions will be taken at all times by The Renegade Youth Group and its agents during retreats and activities. I/We understand the possibility of unforeseen hazards and know the possibility of risk. I/We agree not to hold youth leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject(s) of this form.

Should something unforeseen occur, you have my/our permission to have my child(ren) medically treated. I/We understand you will make every effort to contact me/us at the following numbers (please list phone numbers in the order you would like to be called):

| | | |
|----------|----------|----------|
| Phone #1 | Phone #2 | Phone #3 |
|----------|----------|----------|

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|-------------------------|----------|
| Primary Care Physician: | Phone # |
| Insurance Company: | Policy # |

My child(ren) are allergic to the following:

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| Name: | Allergic to: |
| Name: | Allergic to: |

Please be advised that my child(ren) takes the following medications on a regular basis:

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| Name: | Medication: |
| Name: | Medication: |

Please advise the Youth Leader if allergies or medications change during the year or if your child(ren) needs to carry any medications with them during a retreat or activity,

This permission slip will cover ALL activities, mission trips, work weekends, trips and retreats. This will also include permission for activities that include amusements parks, water rides or swimming activities, unless the student(s) is limited and it is indicated on this permission and release form.

Please be advised, however, that my child(ren) DOES NOT have permission for the following:

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All activities will include chaperones who have had a background check and have been trained in our safe church policy for students. Parents are always welcome to attend any activity or trip as a chaperone. No student(s) will be allowed to drive to or from an activity unless they have written permission from both the church and the parent(s). This does not include how they drive to and from a youth meeting, as that will be determined by the parent(s).

Please be advised that the student(s) participating in any activity with The Renegade Youth Group will abide by the following rules:

- Will not drink alcohol, smoke or use drugs.
- Will be permitted to bring their IPODS/MP3 and mobile phones, however, they will not be used during any group activities or when instructed by a leader.
- Will always travel in groups of two or more for safety.
- Will give respect to all chaperones or leaders, even if they do not agree, and will seek assistance from the Youth Leader or Pastor if a problem exists.
- Will always remember that the purpose of all gatherings is to grow to Jesus Christ, others and grow in their faith walk.

As a student attending all activities and trips with The Renegade Youth Group, I have not only read this permission and release form, but agree with what it states.

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|----------------------|-------|
| Student's Signature: | Date: |
| Student's Signature: | Date: |
| Student's Signature: | Date: |

I/We have reviewed the permission and release form and agree that the subject(s) of this release will abide by them. I/We also acknowledge that if the subject(s) of the release has to return home early for discipline violations, it will be at my/our expense.

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| Parent or Guardian's Signature: | Date: |
|---------------------------------|-------|