

St. John's Lutheran Church  
318 E Garfield Ave  
Marion WI 54950

## ***Youth Permission Slip***

(complete one per child)

My son/daughter \_\_\_\_\_ has my permission to attend \_\_\_\_\_ associated with the St. John's Lutheran Church Youth Group.

Parents agree to hold harmless and otherwise indemnify for any injuries or losses, the Church, Youth Advisors and all Volunteers who give their assistance to the youth ministries of St. John's Lutheran Church.

Parents also agree, in case of an emergency requiring immediate medical attention, to authorize any of the adult leaders associated with St. John's Lutheran Church accompanying my youth to seek or provide medical care for my youth.

Parents also authorize, any doctor, hospital or other medical care institution or practitioner to provide necessary medical care or hospitalization to my youth, minor child, upon request of the one of the adult leaders associated with St. John's Lutheran Church.

My youth has permission to ride in a care driven by an adult leader age 21 or over. \_\_\_ Yes \_\_\_ No

My youth has permission to drive self and siblings. \_\_\_ Yes \_\_\_ No

Is your youth on medication?  Yes  No If yes, describe: \_\_\_\_\_

Does your youth have any allergies or specific problems that the adult leaders should know about? If so, describe:  
\_\_\_\_\_  
\_\_\_\_\_

Does your youth have dietary requirements?  Yes  No If yes, describe: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

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

(Youth) Print Full Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **PARTICIPATION AGREEMENT**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant or parent/guardian if a minor)*

***Return to St. John's Office***