

# FCC-UCC Activities Participation Agreement

## PERMISSION SLIP and MEDICAL RELEASE FORM

**Event: September 2010- August 2011 Program Year  
Youth Group On-site and Off-site Activities**

Participant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in September 2010 & Name of school \_\_\_\_\_

### Acknowledgment

I understand that there are numerous risks and benefits associated with participation in any youth athletic or social activity including, but not limited, intentional as well as unintentional acts from circumstances under which, or individuals over whom, the Church has only limited control or no control whatever.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness or damage.

PLEASE READ CAREFULLY – THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES  
A RELEASE FROM LIABILITY AND INDEMNIFICATION

### MEDICAL EMERGENCY CARE AUTHORIZATION

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Parent's/Guardian's Name) (Child's Name)

authorize a chaperone from First Congregational Church, **while attending First Congregational Church Youth Group events**, to consent to an X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor named above under the general or special supervision and on the advice of any licensed physician or surgeon, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Day Phone (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Day Phone (\_\_\_\_) \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

FCC-UCC Youth Group September 2010- August 2011  
Permission Slip and Medical Release and Photo Release Form  
Page 2 of 2

Participant Name: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_

Special Medical Conditions-Allergies, chronic illness or other conditions: (use back as needed)

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Current Medications: (use back as needed)

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Any other information (special needs, concerns): (use back as needed)

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My child may be given ibuprofen, acetaminophen, or other over the counter drugs as necessary for pain or discomfort \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission to First Congregational Church to use photos of my child on their website, in newsletters, and in bulletins with the understanding that my child's name will not be used.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Expectations of Participant**

Each Participant is:

1. Expected to obey the leader or chaperone.
2. Expected to obey all posted rules and regulations.
3. To assist by informing/alerting the leader(s) to situations which may cause injury to themselves and/or other participants?

**Consent and Signatory Acknowledgments**

Participants (including Minors) acknowledgment of personal responsibility:

*I have read and my parents have explained the terms of the Agreement, and I agree to abide by the terms of the Agreement and recognize my personal responsibility for my conduct.*

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

Parent or Guardians (of Minors):

*I have read and fully understand the terms of this Agreement, and explained its terms to my child. I give my permission for my child to participate in the youth activities, including but not limited to those described.*

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

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

**Note: All parents or guardians must sign this form.**

Received by Church on (date) \_\_\_\_\_