

**Youth Ministry Permission Form 2011-2012**

**youth info:**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FACEBOOK: Y N

CELL PHONE: \_\_\_\_\_ RECEIVE TEXT MESSAGES: Y N

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

YOUTH INTERESTS/ACTIVITIES: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS: \_\_\_\_\_

ADDITIONAL INFO YOU WANT US TO KNOW: \_\_\_\_\_

**parent/guardian info:**

MOTHER'S/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FACEBOOK: Y N

CELL PHONE: \_\_\_\_\_ RECEIVE TEXT MESSAGES: Y N

FATHER'S/GUARDIAN'S NAME: \_\_\_\_\_

*IF INFO IS DIFFERENT FROM MOTHER/GUARDIAN:*

ADDRESS : \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FACEBOOK: Y N

CELL PHONE: \_\_\_\_\_ RECEIVE TEXT MESSAGES: Y N

PREFERRED METHOD OF COMMUNICATION FOR YOUTH HAPPENINGS (CIRCLE ALL THAT APPLY):

home phone

cell phone/text

email

print

I do not wish to be contacted regarding youth happenings

I WOULD LIKE TO HELP NPC YOUTH IN THE FOLLOWING WAYS (CIRCLE ALL THAT APPLY):

driver

prepare dinner for YG

lead YG

chaperone

teach

prayer

publicity

events (i.e. auction)

youth committee

(over)

(over)

**Youth Ministry Permission Form 2011-2012 (cont)**

**emergency contact info:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO YOUTH: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO YOUTH: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**medical insurance:**

NAME OF HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

**parental release and consent:**

We (I), the undersigned parent(s)/guardian(s) of \_\_\_\_\_ hereby authorize our child to participate in Northminster Presbyterian Church's ministry events for 2011-2012 school year (September 2011-August 2012). It is understood that designated Northminster Presbyterian Church staff and volunteers will be in attendance and will provide the best reasonable supervision to ensure the health, welfare, and comfort of all in attendance. We (I) hereby release Northminster Presbyterian Church from any and all liability for any incident beyond the control of staff and volunteers using their due diligence and best judgment.

**authorization for emergency care:**

We (I), the undersigned parent(s) or guardian(s), hereby authorize emergency medical, dental, health, or hospital services be rendered to my child upon consent of a Northminster Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child/ward to receive emergency medical attention when needed while involved in activities connected with Northminster Presbyterian Church programs when we (I) or my emergency contact are unavailable to give such consent.

**permission to use photographs/video:**

We (I), the undersigned parent(s) or guardians(s), give permission to Northminster Presbyterian Church to use all photographs or videos taken during any NPC activity that may include my child in any Northminster Presbyterian Church publication, including the Northminster Presbyterian Church website (www.npcdb.com) and weekly email communications.

MOTHER/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FATHER/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_