

HOLY CROSS EVANGELICAL LUTHERAN CHURCH
YOUTH ACTIVITIES CONSENT FORM

Name of Participant _____ Birth date _____

Social Security Number: _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Emergency telephone _____

Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication?

Yes _____ No _____

If yes, please explain.

Does your youth have, or has your youth ever had, any of the following? (Circle and explain below.)

Asthma

Hay fever

Kidney disease

Diabetes

Heart murmur

Seizure disorders

Please explain. _____

Does your youth ever sleepwalk? Yes _____ No _____ Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____

If yes, please explain. _____

Family Doctor _____ Doctor's Telephone (_____) _____

Insurance Co. _____ Policy No. _____

*Please attach a photocopy of your Insurance Card (both sides)
If you have no health insurance, please indicate.*

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Holy Cross Evangelical Lutheran Church (hereby designated "HCEL"), and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leaders in writing. Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Transportation Allowance

My above listed child is allowed to travel with HCEL in the transportation provided by the above named church.

Medical Treatment Authorization

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activities of the above identified group, the participant (parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from all activities of HCEL's youth ministry. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the HCEL or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly out or indirectly out of the activities of HCEL or transportation to and from such activities, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

It is my understanding that the staff and volunteers of HCEL will take all of the necessary precautions to ensure the safety of my child. I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the provision of necessary medical services in the event that my youth is injured or becomes ill. I authorize the staff of Christ Hamilton United Lutheran Church or designated volunteer activity leader, or one of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____, (*Note to parent/guardian: you may add names as desired.*) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I absolve HCEL from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

I understand that HCEL will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth leaders in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

If a dispute over the agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of Holy Cross Evangelical Lutheran Church. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Participant

Date