



Youth Permission/Release Form

Youth Name: _____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other number where parent can be reached: _____

Youth's gender (circle one): Male Female Youth's date of birth: _____

Parent or Guardian of _____ a youth with the Bethel Youth Group agrees that:

1. The above named student has my permission to participate in the activity of:

2. I agree to release Bethel Lutheran Church from any claim for personal injury or damaged resulting from my youth's participation.

3. I understand the activity and give my permission to my youth's participation.

4. I give permission for my youth to travel by the means of church transportation or volunteer drivers.

5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my youth:

a. Physical problems or limitations: _____

b. Current medications: _____

c. Drugs or other allergies: _____

d. Name and phone # of physician: _____

6. The above named youth is covered by medial/liability insurance: _____

7. As the parent or guardian of the above named youth, I am authorized to sign this permission form.

I have read and understand this permission form and understand that Bethel Lutheran Church is released from liability as a result of any injury or damages from my youth's participation in this activity. I also understand that in the event of emergency or medical need, I have given my permission to have my child receive medical treatment by the best means available.

Parent/Guardian Signature

Date