

2011/2012 HEALTH RELEASE, PARENTAL PERMISSION, AND LIABILITY WAIVER FORMS
Westminster Presbyterian Church
2701 Cameron Mills Road, Alexandria, Virginia, 22302, Phone: 703-549-4766
VALID FROM SEPTEMBER 1, 2011, TO AUGUST 31, 2012

Full Name of Youth _____ Name of Parents: _____
(Please Print) (Please Print)
Goes by Name: _____
Address: _____ Home Phone _____
_____ Parent's Work: _____
Age of Youth: _____ Birthday: _____ Parent's Cell: _____
Grade: _____ School: _____ Email(s): _____
Youth Email: _____ Youth Cell: _____

T-Shirt Size (Adult): **Small Medium Large XL 2XL** [Please circle one]

I/We, the undersigned parent(s) or guardian(s) for the above named youth, give permission for my child to participate in any and all activities, trips, mission activities, retreats, fundraising events, and all other programs sponsored by the Westminster Presbyterian Youth Program, under the direction of the Session and Staff, and the Middle School and/or Senior High Youth Advisors and/or Church School Teachers.

I/We give permission for the Youth Advisors or designated adults to transport my child on youth activities. All activities will follow our Child Protection Policy, that one adult will never be alone unobserved with any youth.

Please check box if you **do not** want your child/children's photograph to be published in youth ministry related publications and/or website. Please note that no names will be used along with any image or likeness in any church related publications or on the website unless special permission is sought and received.

PERMISSION FOR MEDICAL TREATMENT:

In the event of the inability to contact me/us where medical attention is expedient and necessary for the above named youth, I/we, the youth's parent(s) or guardian(s) hereby authorize any of the Youth Fellowship Advisors or Church School teachers, or Westminster Staff to procure any medical attention they consider necessary. I/We also agree to pay for all expenses incurred in connection with any medical attention given to my child while he/she is participating in any Westminster Presbyterian Church sponsored activity. I/We understand that it is my/our responsibility to provide medical coverage for my child. I/We will notify the church if our medical coverage changes. I/We also note that the adult supervisors reserve the right to restrict my child from any activity that they feel is not within the physical capabilities of my child.

INSURANCE COMPANY _____ POLICY # _____

RESPONSIBLE PARTY _____ ID# _____

Please list any allergies, daily prescription medication, physical handicaps, dietary or medical concerns:

Parent(s) Signature(s): _____
(Only one signature necessary)

Sworn and subscribed before me this _____ day of _____, 20____

_____ ID#:

(Notary Public)

My Commission Expires: _____

