

# Tuckahoe Presbyterian Church || Youth Fellowship 11/12

---

## PERMISSION AND HOLD HARMLESS AGREEMENT

I, the undersigned parent of \_\_\_\_\_, do hereby give permission for my child to participate in the activities of the Tuckahoe Presbyterian Church (hereafter abbreviated TPC) Youth Group from September 11, 2011 through September 10, 2012, and agree to hold harmless and indemnify TPC and supervising youth leaders for any injuries or death which may result to my child while participating in this event and traveling to and from the church. I also give permission, if necessary, for my child to receive medical treatment as may be deemed appropriate. I understand the Youth Group activities will involve but not be limited to: in-town travel; out-of-town travel; swimming and water sports; high adventure activities, physical labor; events at the homes of supervising leaders and/or other youth members, times without direct supervision such as at shopping malls and amusement parks, and other activities.

I, on behalf of my child, assume all risk of injury, death, sickness, damage, and expense as a result of my child's participation in this church activity.

If any portion of this Agreement is determined by a court of competent jurisdiction to be unlawful, invalid, void or otherwise unenforceable, the remainder of this Agreement shall be severable and remain enforceable. Only that portion of the agreement so declared shall be considered unenforceable.

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

\_\_\_\_\_  
Date

FOR PARTICIPANTS AGE 18 OR OLDER, SIGN THE FOLLOWING STATEMENT IN ADDITION TO THE ABOVE PARENTAL RELEASE:

I, \_\_\_\_\_, participate in the above mentioned activities, agreeing to hold harmless and indemnify TPC and supervising youth leaders for any injuries or death which may result to me while participating in this event and traveling to and from the church. I also give permission, if necessary, to receive medical treatment. I assume all risk of injury, death, sickness, damage, and expense as a result of my participation in these church activities.

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
Date

---

## TRANSPORTATION PERMISSION FORM

I give permission for \_\_\_\_\_ to ride with adult advisors/adult volunteers in their personal vehicle to and from events sponsored by TPC.

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

\_\_\_\_\_  
Date

# Tuckahoe Presbyterian Church || Youth Group **11/12**

---

## PARTICIPANT INFORMATION

(Please complete top section if first time registration, or if information has changed in the past year)

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parental Contact 1: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parental Contact 2: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian e-mail: \_\_\_\_\_

Youth e-mail: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

---

## CONSENT TO TREAT

I, the undersigned, as parent or legal guardian of \_\_\_\_\_, do hereby give consent to adult representatives of TPC Youth Fellowship to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any illness or injury that may arise from participation in any and all TPC Youth Group events.

If said youth is covered by any insurance company, please complete the following:

Name of Insurance Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

# Tuckahoe Presbyterian Church || Youth Fellowship **11/12**

---

## MEDICAL HISTORY FORM

(Please complete if first time registration, or if information has changed in the past year)

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Preferred Care Facility: \_\_\_\_\_

If necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the advisors should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. **Include names of medications and dosages that must be taken.**

Check the following areas of concern for your child. If necessary, add another page with details:

1. Does your child have allergies to: (please explain under additional comments)

- pollen       medications       food       insect bites  
 other: \_\_\_\_\_       none

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma       epilepsy / seizure disorder       heart trouble  
 diabetes       stomach problems       physical handicap  
 other: \_\_\_\_\_       none

3. Date of last tetanus shot: \_\_\_\_\_

4. Does your child wear       glasses       contact lenses

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain: