

# SJCAC Youth Ministry - Activity Waiver / Permission Form

## STUDENT INFORMATION

\*Is this NEW information for this year?  YES  NO

Name of Youth \_\_\_\_\_  
Print FIRST Name \_\_\_\_\_ Print LAST Name \_\_\_\_\_

Date of Birth      /      /      Grade  6  7  8  9  
MM DD YYYY  10  11  12

Father / Guardian Name: \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Cell  Work

Mother / Guardian Name: \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Cell  Work

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

## EMERGENCY CONTACT

\*Is this emergency information NEW for this year?  YES  NO

Please provide a name (other than parent) for emergency contact in the event parents can not be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_  Home  Cell  Work

Phone #2 \_\_\_\_\_  Home  Cell  Work

Phone #3 \_\_\_\_\_  Home  Cell  Work

## MEDICAL INFORMATION

\*Is this information NEW for this year?  YES  NO

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal, rigorous activity?

NO  YES \_\_\_\_\_  
IF YES, PLEASE EXPLAIN

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

NO  YES \_\_\_\_\_  
IF YES, PLEASE EXPLAIN

Permission to receive over-the-counter medicine (Tylenol, Tums, etc.)

YES \_\_\_\_\_  NO \_\_\_\_\_  
INITIAL INITIAL

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Phone No. \_\_\_\_\_

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## ACTIVITY CONSENT AND CERTIFICATION

Every precaution will be executed for the safety of each youth. I, the undersigned, being the parent or legal guardian of the youth named above, understand the full responsibility rests with the parents or the guardian or the individual attendee and that neither **San Jose Christian Alliance Church** nor the youth leader(s) will be held liable in case of accident on the **San Jose Christian Alliance Church** premise or at the activity venue, including transportation to and from the activity venue. In the event of a medical emergency, I authorize the leader(s) of the group as agents to consent to any medical treatment and/or hospital care that may be necessary.

I do hereby consent to the participation of my youth in all the scheduled youth activities of the **Youth Ministry at San Jose Christian Alliance Church**, and any other supervised activities customarily associated with its youth group, including but not limited to Small group outings, Christmas Parties, Lock-In and Winter Retreat, etc. Furthermore, 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 leader(s) in writing.

**Note to parent:** If giving consent to one activity only, or if this consent is otherwise restricted, please specify:

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I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I hereby give permission and authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. It is understood that I will assume any financial responsibility for all expenses incurred for said emergency treatment.

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Signature of Parent or Guardian

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Date

## PHOTO AND VIDEO WAIVER

I authorize SJCAC to use photographs and/or video footage of my child in SJCAC sponsored publications (i.e. newsletters, websites, and announcements).

\_\_\_\_\_ I agree  
Initial

\_\_\_\_\_ I do not agree  
Initial