Canyon Bible Church Youth Ministry Parental Consent Form

Student Name _____ **Age** _____ **Birth Date** ____/____/_____ **Phone (_____) _____-_____Cell (___)_____-_____**

Address _____ **City** _____ **State** _____ **Zip Code** _____

School _____ **- (Grade in or just completed)** _____

Parent(s) Name(s) and cell phone numbers: _____ **Cell(___) _____-_____** _____ **Cell(___) _____-_____**
Mother **Father**

To whom it may concern:
The undersigned does hereby give permission for my (our) child (ward),_____, to attend and participate in activities sponsored by **Canyon Bible Church** and we (I) agree to all of the conditions below.

a) **The Inherant Risks Of Church Activities**: Every activity sponsored by **Canyon Bible Church** is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks. By signing this form, the undersigned agrees to assume and accept all risks and hazards inherent in church-related activities.

b) **Permission To Participate In Various Activities**: We (I), the undersigned, give permission for my (our) child (ward) to participate in the activities that occur at **Canyon Bible Church** or while on activities sponsored by **Canyon Bible Church**. These activities include, but are not limited to, swimming in pools, the ocean, lakes and rivers, water activities, boating, Hiking, paintball, waterskiing, snow skiing, water boarding, snowboarding, ice skating, camping, target practice, gun safety and strenuous competition games. I grant this permission with full knowledge that I accept the responsibility for any injury or accident that may occur. I also warent that my (our) child (ward) is capable of safely participating in all activities or events.

c) **Permission For Medical Treatment**: We (I) authorize an adult, in whose care my (our) child (ward) has been entrusted, to consent to an x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

d) **Agreement To Pay For Medical Treatment**: The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child (ward) pursuant to this authorization.

e) **Permission For Transportation**: The undersigned does also hereby give permission for my (our) child (ward) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by **Canyon Bible Church**.

f) **Agreement To Pay For Transportation**: Should it be necessary for my (our) child (ward) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

g) **Release Of Liability**: The undersigned does also hereby voluntarily waive any claim against **Canyon Bible Church** and all leaders of **Canyon Bible Church** and the owner and/or driver of the car or bus in which my (our) child is to receive transportation to the activity/outing for any and all causes which may arise in connection with the said trip or any phase or part thereof.

h) **Effective Time Period Of This Consent:** This consent and permission shall remain effective until revoked in writing by the undersigned.

i) **Photo/Video Release:** I irrevocably authorize the Canyon Bible Church to copy, exhibit, publish or distribute any and all images and audio of my child, for the purposes of promoting Canyon Bible Church and it's events for any lawful purpose. I waive any right to inspect or approve the finished product wherein my child appears.

Health Insurance Yes ☐ No ☐ Insurance Company _____ Policy Number _____

_____ _____ _____
Participant Date Father Signature Date Mother Signature Date

Emergency Contacts Name: _____ Phone: (___) ___-____ Name: _____ Phone: (___) ___-____

Other Emergency Phone Numbers _____ _____ _____

☐ **Please check this box and list any medication your son or daughter is taking along with any allergies or special medical needs on the back of this form.** *(Feel free to include any special information you feel we may need to minister to your child.)* ***Revision—8/2015***