

CONSENT AND RELEASE FOR YOUTH ACTIVITIES 2019/2020

Please fill out one form per youth

Dear Parents/Guardians of FLEFC Youth:

A number of activities for the youth of our church have been planned for this school year, some of which will be held at off site locations. This necessitates vehicle transportation for events of a social and/or outreach nature, under the directorship of Brittany Martin.

We appreciate your willingness to fill out this waiver! Please note: all our drivers (staff, parent, or volunteer) will have agreed to and completed a Volunteer Vehicle Driver Authorization form before driving youth.

This form has several parts. ***Please carefully read both sides and each section of this form.***

Primarily, by filling out and submitting this form, you are giving permission for your youth to attend and participate in the youth program at FLEFC for the 2019/2020 year.

Details of Youth

Name: _____

Birthdate: _____

School: _____ Grade: _____

Home Phone #: _____ Parent/Guardian Cell #: _____

Parent/Guardian E-mail: _____

Youth Cell #: _____ Youth E-mail: _____

May we include your youth's information in a directory to be distributed to the youth? Yes ___ No ___

Home Address: _____

Emergency Contact: _____ Phone #: _____

BC Care Card #: _____

Health Concerns / Allergies: _____

What's the best way to contact you? _____

What's the best way to contact your youth? _____

Driving Release:

I have read and understood the above and sign to give my permission for the above stated youth to be transported by vehicle to and from events by approved leaders or parents. In so doing, I agree to indemnify volunteer and ministry staff of FLEFC from and against any loss, damage or injury as a result of my youth being transported to or from youth events.

I agree (please initial): _____ I do not agree: _____

Off-Site Release:

I give permission for my youth to attend off-site activities. In so doing, I agree to indemnify volunteer and ministry staff of FLEFC from and against any loss, damage or injury as a result of my youth participating in off- site activities.

I agree (please initial): _____ I do not agree: _____

Communication Release

I give permission for approved youth leaders to contact my youth appropriately, potentially through various media (including but not limited to Facebook, texting, e-mail, and telephone).

I agree (please initial): _____ I do not agree: _____

Medical Care Release:

I give permission for my youth to receive medical care deemed necessary and appropriate by trained, certified, and approved leaders. Furthermore, I declare that all essential medical or health information has been disclosed in writing above.

I agree (please initial): _____ I do not agree: _____

Photography/Digital Photography Release:

I understand that photos that are taken at youth events (possibly including your youth) will be available for the FLEFC staff to use for church-related purposes, e.g., to post in the upper youth room on the wall, use in slideshows, and/or post online **without identifying information** (e.g. Facebook, Instagram, etc.).

*If you have any questions or concerns in regards to this, please contact Brittany directly.

I agree (please initial): _____ I do not agree: _____

Signature: _____

Printed Name: _____ Date: _____