

YOUTH INFORMATION FORM (Grades 6 – 12) 2018-2019

Effective through August 31, 2019

Youth's Name: _____ Birth Date: _____ Age: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____
 School: _____ Grade (2017-2018): _____ Gender: Male Female
 Youth Email Address: _____ Check Regularly? Yes No
 Youth Mobile Phone: _____ Text: Yes No
 Parent/Guardian 1: _____ Email: _____
 Home Phone: _____ Work: _____ Mobile: _____ Text: Yes No
 Parent/Guardian 2: _____ Email: _____
 Home Phone: _____ Work: _____ Mobile: _____ Text: Yes No
 Emergency Contact (Other than parent): _____ Relationship: _____
 Emergency Phone: Home: _____ Work: _____ Mobile: _____

MY YOUTH IS INTERESTED IN . . . (CHECK ALL THAT APPLY)

Note: Youth occasionally participate in walking trips during regularly scheduled meeting times. Permission to participate in these groups also confers permission to participate in these walking trips.

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| <input type="checkbox"/> Confirmation Class (Grades 8 & Up) Sunday 8:30am | <input type="checkbox"/> Senior High Fellowship (SHF); Sundays 7:00-9:00pm |
| <input type="checkbox"/> Sunday School (Grades 6-7) 10:10am | <input type="checkbox"/> Youth Bells (JH & SH Youth); Sundays 5:30-6:30pm |
| <input type="checkbox"/> Junior High Choir (Grades 6-8) Sunday 11:10am | <input type="checkbox"/> Senior High Mission Trip |
| <input type="checkbox"/> Senior High Choir (Grades 9-12) Sunday 11:10am | <input type="checkbox"/> Senior High Trips (Stronghold, Montreat, etc.) |
| <input type="checkbox"/> Junior High Fellowship (JHF); Sundays 4:00-5:30pm | <input type="checkbox"/> Junior High Summer Trip |

ADDITIONAL PERMISSIONS

This youth IS IS **NOT** allowed to walk home from youth events.

Please list **other drivers** who have your permission to pick up your youth:

MEDICAL AND INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____
 Group Number: _____ Policy Holder Name: _____
 Doctor Name/phone: _____ Dentist Name/phone: _____
 Special Dietary Needs: _____
 Allergies: _____ Date of last tetanus: _____
 Learning differences: _____
 List any medications (and doses) which are take regularly: _____

 List any other special information should medical treatment be required: _____
 This Youth should **NOT** take the following "over-the-counter" medications: _____

I, _____, the parent/legal guardian of, _____, (hereinafter referred to as "MINOR") a minor, hereby acknowledge that the Minor is presently under my care and custody. I give **permission for the Minor to go to and participate in activities** with First Presbyterian Church of Libertyville, IL (hereinafter referred to as "CHURCH"), including those activities which require transportation to other locations.

THE MINOR IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH MY FULL KNOWLEDGE OF THE DANGERS INVOLVED AND WE HEREBY AGREE TO ACCEPT ANY AND ALL RISKS ASSOCIATED WITH INVOLVEMENT.

In the event that the Minor is injured and requires medical attention, and we the parents or the designated emergency contact cannot be reached, I consent to and give my **permission to the Church, its representatives, or trip leaders to make decisions regarding medical treatment.** I also consent to any reasonable medical treatment as deemed necessary by a licensed health professional including treatment, medications, hospitalization, anesthesia and surgery. I understand that I will be financially responsible for any part of the cost of any medical treatments and/or surgery which may be deemed necessary for the Minor to the extent not paid by insurance.

I, the undersigned parent/legal guardian of the Minor, do grant the Church **permission to use photographs and other images** of my minor child in any publication produced by or on behalf of the Church and, at the sole discretion of the Church, to identify my minor child in any caption or article that accompanies said image. These publications may include (but may not be limited to) news releases, programs, presentations (including but not limited to multimedia), bulletins, display and/or bulletin boards, videos, newsletters, and the website(s) of the Church. I have read and voluntarily agree to the statements herein.

***Signature of Parent/Guardian:** _____ **Dated:** _____

RELEASE ON BEHALF OF MINOR – YOUTH ACTIVITIES (2018-2019)

Release executed on the _____ day of _____, 201__ by the undersigned, referred to herein as Releasor, on behalf of _____, referred to herein as "the minor." Releasor is the parent or legal guardian of the minor.

In consideration of the minor being permitted to participate in the activities sponsored, promoted or encouraged by First Presbyterian Church of Libertyville in 2017-2018, Releasor, on behalf of the minor and all of those persons who may have the right to make a claim on behalf of the minor or as the result of the death of, or injury to the minor, releases, waives, discharges and covenants not to sue First Presbyterian Church of Libertyville, its agents, officers, employees, pastors and other staff members and members, all referred to as Releasees, from all liability to the minor and all of those persons who may have the right to make a claim on behalf of the minor or as the result of the death of, or injury to the minor for all loss or damage, and any claim or damage therefore, on account of injury to the person or property or resulting in death of the minor, whether caused by the negligence of Releasees or otherwise while the minor is participating, at any time in 2017-2018, in any activity sponsored, promoted or encouraged by First Presbyterian Church of Libertyville.

Releasor agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost Releasees may incur due to the presence of the minor at, or the participation of the minor in activities sponsored, promoted or encouraged by First Presbyterian Church of Libertyville. Releasor assumes full responsibility for risk and bodily injury, death or property damage suffered by the minor due to negligence of Releasees or otherwise while the minor is attending and / or participating in any activity sponsored, promoted or encouraged by Releasee.

Releasor agrees that this release, waiver and indemnity agreement:

- a. is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect; and
- b. covers all the activities sponsored, promoted or encouraged by First Presbyterian Church of Libertyville in 2018-2019 which the minor attends and / or in which the minor participates.

Releasor, being of lawful age, and in consideration of the minor being permitted to attend and participate in the activities sponsored, promoted or encouraged by First Presbyterian Church of Libertyville, does on behalf of the minor and all of those persons who may have the right to make a claim on behalf of the minor or as the result of the death of, or injury to the minor, hereby release and forever discharge First Presbyterian Church of Libertyville, its officers, employees, pastors and members of and from any and every claim, demand, action or right of action of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting or may result from any accident which may occur as a result of the participation by the minor in the activities sponsored, promoted or encouraged by First Presbyterian Church of Libertyville, or any activities associated therewith.

Releasor further states that he/she has carefully read the above release and knows the contents of the release and signs the release as his/her own free and voluntary act. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

WHEREFORE, this release has been executed in Lake County, Illinois on the day and date first above written.

| | | |
|-------------------|-------------|------------------------------|
| SIGNATURE | DATE | ADDRESS |
| PRINT NAME | | CITY, STATE, ZIP CODE |