

# CHILD/YOUTH INFORMATION FORM (Birth – Grade 12) 2020-2021

Valid through August 31, 2021

## CHILD/YOUTH INFORMATION

Child #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2020-21): \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth Cell Phone (optional): \_\_\_\_\_ Child/Youth Email (optional): \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2020-21): \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth Cell Phone (optional): \_\_\_\_\_ Child/Youth Email (optional): \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2020-21): \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth Cell Phone (optional): \_\_\_\_\_ Child/Youth Email (optional): \_\_\_\_\_

**\*If you need to complete information for additional children, please see page 3 of this form.**

## FAMILY INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

## ADDITIONAL PERMISSIONS

Please list **others** who have your permission to pick up your child: \_\_\_\_\_

## MEDICAL AND LEARNING INFORMATION

Medical Information—Do any of your children have medical conditions that we should be aware of such as asthma, diabetes, seizures, headaches, heart disease, ADHD, etc? (please be specific) \_\_\_\_\_  
\_\_\_\_\_

Other Needs—Do any of your children have learning differences, physical disabilities, or other special needs?:  
\_\_\_\_\_

Please provide any information about your children's ASTHMA, ALLERGY, OR DIABETES (including permissions and directions for EACH child for the use of inhalers, epi-pens, and/or insulin) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*If you need additional space for this section, please see page 3 of this form.**

Turn Over 

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. I understand that an electronic signature on this document is as binding as any other form of signature.

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

**RELEASE ON BEHALF OF MINOR – YOUTH ACTIVITIES (2020-2021)**

Release executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ 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 2020-2021, 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 2020-2021, 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 2020-2021 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. I understand that an electronic signature on this document is as binding as any other form of signature.

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

Turn Over →

**ADDITIONAL CHILD/YOUTH INFORMATION**

Child #4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2020-21): \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth Cell Phone (*optional*): \_\_\_\_\_ Child/Youth Email (*optional*): \_\_\_\_\_

Child #5 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2020-21): \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth Cell Phone (*optional*): \_\_\_\_\_ Child/Youth Email (*optional*): \_\_\_\_\_

Child #6 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2020-21): \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth Cell Phone (*optional*): \_\_\_\_\_ Child/Youth Email (*optional*): \_\_\_\_\_

**ADDITIONAL MEDICAL AND LEARNING INFORMATION**

Please use this space to provide any additional information about your children's medical and/or learning needs that you could not fit on page 1 of this form: