



# Seaside Youth Permission Slip 2016-2017

Student's Full Name \_\_\_\_\_ EPIC <sup>(Circle One)</sup> Or THE BREAK

DOB: \_\_\_/\_\_\_/\_\_\_ Current Grade: \_\_\_ gender: \_\_\_ Student e-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_ Student Cell # \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance co. phone #: \_\_\_\_\_

Physician \_\_\_\_\_ Office phone #: \_\_\_\_\_

please list any known allergies: \_\_\_\_\_

Reaction to allergies: \_\_\_\_\_ Level of severity: \_\_\_\_\_

please list any medications taken on a regular basis and what they're treating: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend all activities sponsored  
by Seaside Community Church from September 1, 2016 to September 1, 2017

I am the parent or legal guardian of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church, including the event specified above. I hereby agree not to sue and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in events organized by the Church, including the event specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released. In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a student ministries staff member deems it necessary. I understand that this form does not guarantee my student a spot on the aforementioned trip, rather it enters them in the registration process. I also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellation (i.e. death in the family, illness).

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**Media Release**

Regarding photographs and videos of myself taken at any Seaside Community Church events, I give Seaside Community Church permission to do the following for nonprofit use and without charge: use at the discretion of Seaside Community Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any SCC non-profit publication with copyright to accompany photo when used (for example, in the Weekly, brochures, etc.), display on the Seaside Community Church website, or use quotes and video clips on the Seaside Community Church website and blog

Initial

### Code of Conduct

**For your information, we expect each student to conform to these rules of conduct:**

**No possession or use of alcohol, drugs or tobacco**

**No students can drive**

**No fighting, weapons, fireworks, lighters, or explosives**

**No offensive or immodest clothing**

**No boys in girls' sleeping quarters and no girls in boys' sleeping quarters**

**Participation with the group is expected**

**Respect property**

**Respect one another, staff and adult leaders**

**Respect and comply with event schedules**

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct and the permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Read below, **choose ONE** and sign the bottom of the page:

I, \_\_\_\_\_ (parent name) allow Seaside's Youth Ministry to use this **one** permission slip from **September 2016 to September 2017**. If any information is needed to be corrected and/or change, it is my responsibility to contact the Youth Directors at Seaside.

OR

I, \_\_\_\_\_ (parent name) would like my student to bring home a permission slip each event for me to sign.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(Must be signed by parent/guardian if under 18.)**