

# GRPC Youth Participation Consent Form

Grace Reformed Presbyterian Church (PCA) | 1602 Linden Ln. Relay, MD 21227 | 410.247.4088 | churchoffice@grpca.org

I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_ (hereinafter "the Participant"), give my permission for the Participant to participate in activities and/or events sponsored by the Grace Reformed Presbyterian Church Youth Group (hereinafter "GRPC Youth"). This instant *Participation Consent Form* is valid from **June 1, 2017 – May 31, 2018**, unless otherwise modified in writing. I give permission for the Participant to travel in connection with GRPC Youth activities and/or events with the agents, employees, staff members and volunteers of Grace Reformed Presbyterian Church (hereinafter "GRPC Staff"). I agree to pay any and all monetary expenses associated with the Participant's involvement with GRPC Youth activities. I acknowledge that such monetary expense may include costs associated with any disciplinary action taken as a result of the Participant's actions including, but not limited to, costs associated with the Participant being sent home early from a GRPC Youth event or activity.

Today's Date: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies and Medications (*Prescription and OTC*): \_\_\_\_\_

Medical Conditions/Restrictions (*Physical or Emotional*): \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Special Instructions/Needs (*Use back if necessary*): \_\_\_\_\_

Parent/Guardian's Name (*printed*): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

What Church do you attend?: \_\_\_\_\_

Additional Parent/Guardian's Name (*optional*): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

What Church do you attend?: \_\_\_\_\_

Alternate Emergency Contact Name, Phone#, and Relationship: \_\_\_\_\_

(A designated adult we can contact in the event that we cannot reach parent/guardian.)

## General Media Release/Consent

(Please check one box – If no box is checked, it will be assumed that you give consent)

I DO give my consent to Grace Reformed Presbyterian Church (hereinafter "GRPC") to include the Participant's name/voice/likeness in promotional photographs and/or video obtained during any GRPC Youth activity and/or event.

I DO NOT give my consent to GRPC to include the Participant's name/voice/likeness in promotional photographs and/or video obtained during any GRPC Youth activity and/or event.

## Release and Medical Authorization

I hereby confirm that I have legal custody of (or legal authority for) the Participant named above and have the legal authority to grant the permissions contained herein. The Participant has my consent to participate in **GRPC Youth** from **June 1, 2017 – May 31, 2018** and to travel with GRPC Staff. I hereby release and promise to indemnify, defend, and hold harmless GRPC and GRPC Staff from and against any and all liability arising from claims of any kind or nature whatsoever from the Participant's participation in GRPC Youth. In the event that any serious injury should occur involving the Participant, I wish for GRPC Staff to take all reasonable steps to notify me immediately of the incident. If I am inaccessible for any reason, I give GRPC Staff my permission to seek or administer qualified medical assistance in the event of an emergency, injury or illness. This consent authorizes duly licensed physicians, dentists, EMTs, technicians and/or nursing staff to render the diagnosis, treatment, or care they deem advisable for the Participant in the exercise of their best professional judgement. I understand I am financially responsible for all costs associated with any and all such medical services rendered.

Participant's Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Provider and Participant's ID or Group #/Name of Policy Holder: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Parent/Guardian's Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

## Annual Renewal Section

Having previously completed the above **2017-2018 Participation Consent Form**, I hereby confirm the information provided above is accurate and remains unchanged. In signing below, I also hereby acknowledge and reaffirm my acceptance of and agreement to the terms and provisions set forth in the instant *Participation Consent Form* without exception, for each renewal period stated below:

**June 2018 – May 2019 Renewal:** Parent/Guardian's Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

**June 2019 – May 2020 Renewal:** Parent/Guardian's Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* A copy of this form is as legally valid and binding as the original. It will remain on file as needed.

\*\* Only one signature is required.