

**Youth Ministry Permission Slip and Parental Consent/Release Form**

**PLEASE PRINT CLEARLY:**

|  |  |  |
| --- | --- | --- |
| Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ D.O.B: \_\_\_\_/\_\_\_/\_\_\_  LAST FIRST MI MONTH/DAY/YEAR | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_\_\_\_\_\_\_\_ | Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Home (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FULL NAME & TELEPHONE NUMBER | | |
|  | | |
| List any allergies the child may have: | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Are there any medical concerns?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**EVENT / FIELD TRIP DESTINATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PICK-UP TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In consideration of my child’s participation in the Youth Ministry, I hereby freely and unconditionally release, waive, and forever discharge any and all liability or claims I may have and agree to defend and hold harmless, Cathedral International, Cathedral International Youth Ministry, their employees, other representatives, agents, program participants, affiliates, related entities, respective staff, leaders and volunteers and their successors and assigns from all liability, claims, lawsuits, judgments and decrees or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever, which may be incurred by my child while he/she is participating in the above described event. I hereby agree to assume sole responsibility for any damages incurred as a result of the negligent, willful or intentional acts of my child and thereby assume any expenses as a result thereof.

I acknowledge and understand that Cathedral International is committed to ensuring that all Youth Ministry activities are conducted in a smoke-, alcohol-, drug-, profanity-, disrespect- and violence-free environment. In light of this and to help ensure the safety of all participants, I further understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in any illegal conduct or refuses to follow the directions of Cathedral International Staff or Volunteers, I will be called immediately to pick up my child and he/she will be prohibited from any future off-campus activities offered by Cathedral International’s Youth Ministry. In the case of an emergency, Cathedral International will immediately contact the parent/legal guardian first, and if the Cathedral cannot contact the parent/legal guardian, the Emergency Contact listed above shall then be contacted. Also, in the case of an emergency, I authorize Cathedral International to seek necessary medical attention for my child.

If anyone other than me is authorized to remove my child from the care of Cathedral International Youth Ministry Staff and/or Volunteers, their name is listed below. I understand that these individuals may be asked to provide photo identification at any time and that absent sufficient proof of identity, Cathedral International Youth Ministry is not obligated to allow them to remove my child.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**