

This permission slip is for FRIENDS/GUESTS, not Peace Lutheran youth who have already completed a 2019-20 registration form!!

**Youth Lock-in
Guest Permission Slip
Saturday, October 19th, at 8:00pm
to Sunday, October 20th, at 8:00am
at Peace Lutheran Church**

I, _____ hereby give my child,

permission to attend the Youth Lock-in on October 19th-20th, 2019 and to participate in all of the games and activities related to this event.

Signed: _____ Date: _____

Youth Basic Information

Youth's Name _____

Address/ City/ State/ Zip _____

Age: _____ Date of Birth _____

Parent/Guardian's Name: _____

Parent/Guardian's Primary Email Address: _____

Parent/Guardian's Cell Phone: _____

Youth's Cell Phone: _____

Grade in school this year: _____ Name of school: _____

Release

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of the Peace Lutheran Church Youth Lock-in scheduled for **Saturday, October 19th, at 8:00pm to Sunday, October 20th, at 8:00am**

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold Peace Lutheran Church or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless Peace Lutheran Church for all claims made and liabilities assessed against them as a result of any event or activity. I release Peace Lutheran Church and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action, I will be contacted by the leaders and will be responsible to pick my child up.

By signing below, I am acknowledging that I have read through and understand the above statements.

Signature of Parent or Guardian

Date

In Case of Emergency, Please Contact:

1. Name _____ Phone _____

Relationship to youth _____

2. Name _____ Phone _____

Relationship to youth _____

Medical Information

Physician _____ Phone _____

Medical Insurance Company _____

Policy # _____ Member's Name _____

Allergies / Meds _____

Other _____
