

Ponds

Wyckoff Reformed

First Hawthorne

Jr & Sr High Youth Groups

Please read through, initial each paragraph, complete contact information, and sign at the end. Any questions may be directed to Sara Christie at sarac@wyckoffreformed.org, 201.891.1782 (work), or 551.427.3685 (cell). Feel free to **send these forms with your student when they attend our first youth group meeting, mail, or scan and email them back.**

**Parental Consent and Liability Release Form**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate fully in all activities of the Ponds, Wyckoff, Hawthorne, Reformed Churches Jr &/or Sr High Youth Group for the September 2020‐September 2021 year, unless revoked in writing. I understand that some events will require transportation to a location away from the church campus. These activities will take place under the guidance and direction of church employees and/or volunteers from participating churches. I understand I will be notified beforehand of all such activities and events. \_\_\_\_\_\_\_

I give permission for photos of my child taken while participating in these youth group events to be used for promotional purposes including but not limited to the participating churches websites and Facebook and Instagram pages and understand no identifying information such as last names or addresses will be used. \_\_\_\_\_\_\_

If needed for emergency health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard emergency medical practice by licensed medical personnel. I agree to have basic First Aid administered by participating churches staff and volunteers who have first aid certification. I relieve Ponds, Wyckoff, &/or Hawthorne Reformed Churches or any of their agents of all responsibility and consequences that may arise as a result of this treatment. I will not hold Ponds, Wyckoff, &/or Hawthorne Reformed Churches or any of its agents liable in the event of injury. Further, I accept any and all financial responsibility as a result of scheduling medical treatment. \_\_\_\_\_\_\_

**Contact Information:**

Parent/Legal Guardian (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency contact:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical or dietary concerns or limitations to your children’s full participation in any youth group program?

 Is there any other pertinent information you wish the leaders of the youth group to be aware of concerning your child?

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to: Wyckoff Reformed Church**

 **Attn: Sara Christie**

 **580 Wyckoff Avenue**

 **Wyckoff, NJ 07481**