



# Alpharetta Presbyterian Church Medical Release and Permission Form

2016-2017

## Please complete following page and sign

For your information, we expect each participant to conform to these rules of conduct. Those who fail to comply with these expectations may be sent home at their parents' expense.

- No possession or use of alcohol, drugs, or tobacco
- No participants 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
- No cell phones (unless approved by event leader)

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

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Ministry provides a wide range of activities to engage the youth in team building and fellowship throughout the year. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Youth Ministry office prior to that event.**

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF PARTICIPANT  
sponsored by Alpharetta Presbyterian Church.

\_\_\_\_\_ I consent to give permission to Alpharetta Presbyterian Church to seek whatever medical attention is deemed necessary, and releases Alpharetta Presbyterian Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the participant named above, a minor, and have given our consent for him/her to attend events being organized by Alpharetta Presbyterian Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Alpharetta Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Alpharetta Presbyterian Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the medical information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministry staff member.

Parent/Guardian or Adult Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

