



YOUTH GROUP ACTIVITIES PARENT/GUARDIAN CONSENT FORM

First Presbyterian Church - 939 B Street - Petaluma CA 94952 - 707-762-8269 - www.petalumafirst.com

Event: Youth Group Mission Trip
Location: Kashia Pomo Reservation / Stillwater Cove Campground
When: August 3rd – 7th
Cost: \$60
Other: _____

The Youth Group leaders and representatives of First Presbyterian Church Petaluma take our responsibility for the physical, emotional, and spiritual well-being of the youth under our care and supervision seriously. In that regard we will do our utmost to provide your child with a safe and fun setting to participate in Youth Group events.

The parent/guardian recognizes and affirms that youth group activities may be hazardous and include but are not limited to: physical games and activities, sporting activities, and transportation to events. The parent/guardian recognizes that their child participates in such activities at their own risk, that they voluntarily assume those risks, and that they are fully familiar with all inherent dangers.

By signing this form, the parent(s)/guardian(s) release all youth leaders and/or any members of First Presbyterian Church Petaluma from any liability whatsoever on account of first aid treatment or service rendered to the participant during any church Youth Group activity. In case of emergency, every effort will be made to contact parent(s)/guardian(s).

By signing this form the parent(s)/guardian(s) grant permission for the participant to participate fully in the above event. In case of injury or medical emergency, we grant permission for the participant to be taken to a doctor or hospital, authorize all necessary medical treatment, and assume the responsibility for all associated medical bills. If it is necessary for the participant to return home due to medical reasons or disciplinary action, the parent(s)/guardian(s) assume responsibility for all transportation costs.

Hospital Insurance Yes No
Insurance Company _____

Print name of participant

Policy Number _____

Parent(s) telephone / cell phone

Physician _____

Telephone _____

Only participant need sign if 18 years of age or older. If under 18, a parent or legal guardian must **sign**.

Allergies _____

Parent Date

Medications _____

Legal Guardian Date

Emergency Contacts _____

Participant, if age 18 or older Date
