

Permission Slip and Release of Liability

SonCoast Community Church
7500 E. Country Club Blvd., Boca Raton, FL 33487

Youth's Name _____ Email Address _____

Home Address _____

To be filled out by youth:

I, _____, am planning on attending _____ on _____.

With adult leaders and other youth from SonCoast, I agree to be responsible for my behavior, to respect the health and safety of others and myself, to relate to others and to use property and equipment in appropriate ways. *I understand that I am not to bring any electronic devices on this trip, including but not limited to walkmans, CD players, mp3 players, and personal digital assistants (PDAs). Cell phones are permitted but are to be used for emergency purposes only.* Leaders reserve the right to confiscate any of these items and return them prior to my going home at the end of the event. **I also understand that no drinking, smoking, sexual conduct, or use of drugs is permitted on this church trip and that a violation of any of these will result in my immediate return home, at my own or my parents' expense.**

Date _____ Signed _____

To be filled out by parent:

I grant permission for _____ to attend the _____ on _____ with adult leaders and youth of SonCoast. I expect and hold my child to be responsible for his/her own actions during this event and travel to and from it, to be a cooperative member of the group so that this activity can be a wholesome means of fellowship. I have read the statement of responsibility above and have talked or will talk with my child about it. The church and adult leaders are held with no liability for unwise actions on my child's part.

Date _____ Signed _____

(Parent or Guardian Signature)

MEDICAL RELEASE FORM

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the **designated sponsor** permission to act in my behalf in seeking emergency treatment for my child, in the event that such treatment is deemed necessary by designated sponsor. I give permission to those administering emergency treatment to do so, using those measures deemed necessary.

Parent/Guardian Name(s): _____ Signature: _____

If parents are not available, please call relative or person below.

Name & Relationship _____ Phone _____

Any allergies or medical conditions (medication, drug reactions, etc.): _____

Any needed medication? Yes / No Explain: _____

INSURANCE INFORMATION:

Name of Insurance: _____ Expiration Date _____

Name of Holder: _____ Contract #: _____