

ACTIVITY: _____

NAME OF YOUTH/MINOR: _____

Address: _____

City/State/Zip: _____

Parent/Guardian's Name: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Person(s) (other than parent) TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Phone: _____

I, the parent (guardian) of the above named **"Minor,"** hereby certify that I am the parent or legal guardian of _____, a minor, and give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel responsible for the youth activities.

I further allow _____ to be driven off the church campus by the Youth personnel responsible for the youth activities. Transportation to be by hired bus, rented vans (8 passenger or 15 passenger) or private vehicles. I agree that in the event my child is injured as a result of his/her participation in the above named youth activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against an accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse. I hold First Presbyterian Church of Granada Hills and its representatives harmless there from, understanding that every precaution will be taken to assure the safety of each minor.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity. Further, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

YOUTH ACTIVITY LEADER: **Scott Landon**

PARENT/GUARDIAN SIGNATURE: _____ Dated: _____