

LAST NAME: \_\_\_\_\_

**CAYUGA CHRISTIAN CHURCH  
YOUTH MINISTRY (PMR)  
PERMISSION & MEDICAL RELEASE FORM**

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**For June 2008 through May 2009**

Periodically we take trips or participate in activities that require transportation of our students to locations other than Cayuga Christian Church. Sometimes these trips involve activities that have inherent risks associated with them. Therefore we like to have a permission/medical release form on file in case an emergency should arise.

Additionally, we like for all of our teens to travel to and from these activities on the church van or other adult-driven vehicles. As our policy we do not allow students to ride in vehicles outside of our provided transportation without a signed note from a parent or guardian granting specific permission for alternate transportation with other parents, students, etc ...

**PLEASE COMPLETE THE FOLLOWING FORM (FRONT & BACK)  
AND RETURN IT TO THE CHURCH OFFICE OR YOUTH MINISTRY STAFF**

<b>STUDENT NAME:</b>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>STUDENT'S E-MAIL:</b>		
<b>PHONE #:</b>	<b>BIRTHDATE:</b>	<b>GRAD YEAR:</b>
<b>PARENTS/LEGAL GUARDIANS (with whom you live):</b>		
<b>PHONE #:</b>		
<b>HEALTH INSURANCE COMPANY:</b>		
<b>POLICY #:</b>	<b>LIST KNOWN ALLERGIES:</b>	
<b>LIST ONGOING MEDICATIONS:</b>		
<b>DOCTOR'S NAME:</b>	<b>PHONE #:</b>	

I, the Parent/Guardian of the student listed on this form, certify that he/she has my full approval to participate in this Cayuga Christian Church Youth Ministry program. The student identified on this form understands that all students are expected to abide by the program rules and be directly responsible to the Cayuga Christian Church staff/sponsors directing this event. Cayuga Christian Church assumes responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such an instance, I will assume full responsibility for returning the student home.

I understand that reasonable measures will be taken to ensure the safety and security of my child, however I do hereby agree to release and hold blameless Cayuga Christian Church and its employees and volunteer sponsors from any claim resulting in accident or loss by participating in any activities associated with Cayuga Christian Church Youth Ministry events/programs.

Further, I do authorize the Minister or sponsor of this activity or any Cayuga Christian Church sponsor or staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expenses that may be incurred for said emergency treatments.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information in this entire form.

<b>SIGNATURE OF PARENT/LEGAL GUARDIAN:</b>	<b>DATE:</b>

**In case of emergency please attempt to contact these individuals  
(list in the order you wish them to be reached)**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>
_____	_____	_____
_____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**PHOTOGRAPH CONSENT AND RELEASE**

In addition, we occasionally take pictures during events. Your signature below gives consent for the above student's picture to potentially be included in any publications of Cayuga Christian Church. This would include but is not limited to our web site, powerpoint presentations for services, flyers, and the like.

**NAME:**

**DATE:**

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