

NEW HOPE CHURCH

5307 W. Fairview Road, Greenwood, IN 46142 (317) 888-4673

www.newhopegreenwood.org

Child/Youth Permission/Waiver Form

(Name of Participant child/youth – please print) _____

Has permission to participate in activities of New Hope Church and to be transported by church vehicles or private vehicles when necessary for such activities. I understand all activities will have adult supervision. In consideration of the benefits to be derived from such activities, I hereby voluntarily waive any claim against New Hope Church, the sponsors, volunteers as well as owner(s)/driver(s) of vehicles furnishing transportation for such activities.

I further agree to direct above-named participant child/youth to conform to the fullest with the directions and instructions of the adult leaders, volunteers, sponsors in charge of such activities.

Print: _____
Name of Parent(s) and/or legal guardian(s) of child/youth participant

Signature: _____
Parent(s) and/or legal guardian(s) of child/youth participant

Street Address _____

City/State _____ Zip Code _____

Phones: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Cell (_____) _____

E-Mail Address (parent) _____

If communication with child/youth via e-mail is permitted, please list that e-mail address:

E-Mail Address (child/youth) _____

PUBLICITY PERMISSION

On occasion, New Hope Church takes photographs or makes a video recording of children, youth and/or adults involved in such activities. Please check the uses by New Hope Church of such photographs or video recordings that you agree to below, otherwise mark as (N/A) not-applicable:

- Photographs or video recordings may be shared in printed format with staff and participants of activities as a remembrance of such activities (ie: copies of photos, copies of videos/DVDs)
- Photographs or video recordings may be used by New Hope for in-church promotion of activities.
- Photographs or video recordings may be used by New Hope for web-based promotion or advertising of activities on the condition that no personal information about any child/youth would be included and anonymity would be maintained.

Signature: _____
Parent(s) and/or legal guardian(s) of child/youth participant

MEDICAL CARE PERMISSION

I hereby authorize emergency medical care or first-aid treatment as needed for the above named child/youth participant in the event of illness or injury during a New Hope Church-sponsored activity.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, currently under doctor's care, etc.):

Has said child/youth had any surgery or serious illness in the past three (3) years? Yes No

If yes, please explain:

Is said child/youth required to take any medication? Yes No If yes, list medication, reason, dosage and frequency of use:

Health Insurance Co: _____ Policy No. _____

Policy Holder's Name: _____ Insurance Co. Phone _____

Family Physician's Name: _____ Phone _____

Swimming Ability

___ Non-swimmer

___ Swimmer (with use of floatation device ONLY)

___ Swimming (no floatation device required)

EMERGENCY CONTACTS:

Name & Relation to Child

Any Phone Numbers

Name & Relation to Child

Any Phone Numbers

THIS PERMISSION/WAIVER IS VALID FOR THE YEAR: **JUNE 1, 2009-MAY 31, 2010**