

# Ozaukee Congregational Church Youth Release Form

Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_

Parent Cell Phone # \_\_\_\_\_

School \_\_\_\_\_

Allergies and other medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact telephone # \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

## Permission/Medical Release for Period from January 1, 2008 to December 31, 2008:

I/We, the undersigned parents, give permission for my/our son/daughter to participate in \_\_\_\_\_ on \_\_\_\_\_ sponsored by Ozaukee Congregational Church. I/We are aware of and approve of the dates, places and activities of these events. I/We understand the degree of risk (if any) involved in these events, including, but not limited to, travel in automobiles, and because I/we trust the adult supervision and my/our son/daughter, I/we hereby release Ozaukee Congregational Church and the adult leadership from liability for any injury or problem occurring during participation in these events. I/We also give permission to have and will accept financial responsibility for my/our son/daughter to be examined and treated by a qualified physician in case of emergency. I/We understand that I/we will be contacted as soon as possible concerning any medical or behavioral problem with my/our child during these activities.

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Members Full Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Date \_\_\_\_\_