

Parent/guardian signature _____

Warrington Fellowship Church Student Ministry Medical Release & Permission Form

Date _____

Effective Until: March 1, 2016 - March 1, 2017
I have completed the online Contact/Medical Form on the wfcyouth.org site.
For your information, we expect each student to conform to these rules of conduct
No possession or use of alcohol, drugs, or tobacco No fighting, weapons, fireworks, lighters, or explosives No offensive or immodest clothing (modest clothing conceals skin and shape; immodest clothing reveals skin and shape) No boys in girls' sleeping quarters and no girls in boys' sleeping quarters Participation with the group is expected Respect property, respect one another, staff, and adult leaders Respect and comply with event schedules For certain events, there will be more specific rules of conduct that will be given
Students who fail to comply with these expectations may be sent home at their parents' expense.
Activities may include, but are not limited to: water sports, swimming, basketball, roller-skating, rollerblading, soccer, ice skating, volleyball, softball, baseball, football, dodgeball, camping, downhill snow tubing, concerts, Bible studies, miniature golf, hayrides, bowling, Christmas caroling, laser tag, capture the flag, amusement parks. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.
has my permission to attend all youth activities sponsored by
NAME OF STUDENT Warrington Fellowship Church (hereafter, "the Church") from March 1, 2016 - March 1, 2017. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.
I/We the undersigned have legal custody of the student names above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. We further agree to indemnify and hold the Church harmless from any and all liability incurred by the Church (1) as a result of injuries to the student named above, or (2) due to the acts of said students; occurring in the context of any Church related activity or program. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suite for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.
Parent/guardian signature Date