

NSAYN EVENT – Permission Form

DATE: MAY 12TH 2018

EMERGENCY INFORMATION

Name of Participant: _____ Grade: _____ Birth Date: ____/____/____

Home Phone: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Emergency Phone: _____ Emergency Contact Name: _____

GENERAL RELEASE / HOLD HARMLESS AGREEMENT

As the parent, legal guardian, or self (if 18 years of age or older) of the above person, I agree to the following:

1. **DESIRE:** The person named above desires to participate in the program, events, and activities (hereinafter collectively referred to as "Activities") operated or sponsored by the Northern Susquehanna Area Youth Network (and participating churches).
2. **POSSIBILITY OF INJURY:** The person named above may incur personal injury or bodily damage while participating in such Activities.
3. **NECESSITY OF PERMISSION SLIP:** The person named above cannot participate in such Activities without releasing and holding harmless the Church(s).
4. **ACKNOWLEDGEMENT OF RESPONSIBILITY:** I, the undersigned, agree that it is my responsibility to make myself knowledgeable of the extent of the Activities in which the person named above is involved. The extent of this knowledge includes, but is not limited to, the location of the Activities, transportation to and from the Activities, and the time schedules and cost factors of the Activities.
5. **GENERAL RELEASE AND DISCHARGE:** I, the undersigned, request that the Church allow the person named above to participate in the Activities and in consideration thereof agree to hereby release and forever discharge the Church, its pastor(s), its officers, and any parties volunteering on behalf of the Church from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the Activities.
6. **RELEASE FOR INJURY AND DAMAGES:** I, the undersigned, acknowledge that this is a full and complete release for all injuries and damages which the person named above may sustain as a result of participating in the Activities.
7. **TREATMENT FOR INJURY:** I, the undersigned, authorize the treatment of the person named above by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her/my life, cause disfigurement, physical impairment, or undue comfort if delayed, while said minor/self is participating in any such Activity, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/legal guardian or self (if 18 years of age or older).

Therefore, being the parent, legal guardian, or self (if 18 years of age or older) of the person named above, I give my permission for him/her to attend/participate in all Activities under the DIRECTION AND SUPERVISION OF THE NORTHERN SUSQUEHANNA AREA YOUTH NETWORK AND PARTICIPATING CHURCHES (Also includes _____)

Insert Church Name

SIGNATURE: _____

DATE: _____

NSAYN EVENT - HEALTH FORM

DATE: May 12th 2018

NAME _____ D.O.B. _____ TELEPHONE _____

ADDRESS _____

Name of Family Physician _____ Telephone _____

Health Insurance Co. _____ Policy # _____ Group # _____

Is your teen in general good health? Yes _____ No _____ Presently taking any medication? _____

If so, list what is being taken _____

Please list any limitations on activities _____

Allergies (check any that apply to your teen):

Hay Fever _____ Convulsions _____ Asthma _____ Fainting _____ Sulfa _____

Poison Ivy (state degree) _____ Penicillin _____ Bee Sting _____

Other drug allergies (name) _____ Other allergies _____

If allergic to any of the above, please indicate any medications that your teen is using presently for the stated condition:

I certify that the above information is correct, and that my teen has my permission to participate in all NSAYN activities, except as noted above. In case of medical emergency, I understand every effort will be made to contact parents or guardians of the teen. In the event I cannot be reached, I hereby give permission to the physician selected by the NSAYN Event staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my teen, as named there in.

Parent or guardian signature _____ Date _____

Should an emergency arise during the NSAYN activity and a parent/guardian is unable to be contacted, give TWO names, addresses and telephone numbers, where persons responsible for the teen may be reached.

1) Name: _____ Telephone: _____ Address: _____

2) Name: _____ Telephone: _____ Address: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We acknowledge that we have been advised that the Northern Susquehanna Area Youth Network may from time to time, issue media and/or news releases, relative to the programs and activities of NSAYN. I/We agree that NSAYN may include my/our child in such media or news releases and may include my/our child's name, name of parent(s), and the likeness of my/our child through photograph, videotape or similar means. I/we acknowledge that this Authorization shall remain in effect until such time as I/we notify NSAYN, in writing, that I/we have it revoked.

Signature of Parent or Guardian _____ **Date** / /