

**North Park Covenant Church
Youth Ministries Student Waiver**

Student's Full Name: _____ Grade _____

Student's Preferred Name (if applicable): _____

Parent(s)/Legal Guardian's Name: _____

Address: _____

Primary Phone Number of parent/legal guardian: _____

Relation to Student: _____

Email Address: _____

I would like to receive weekly email updates about dates and upcoming events:

YES NO

Student's Phone Number (high school youth group only): _____

Student's Allergies/Medical Conditions: _____
(All information kept confidential)

Emergency Contact Name: _____

Primary Phone Number: _____

Relationship to Student: _____

Permission:

I (parent/guardian) _____ understand that my child will be participating in a number of activities for the 2024-2025 year which carry with them a certain degree of risk. These activities include but are not limited to field trips, sports, camping, and hiking. I consent to my child fully participating in all activities. I also understand and give consent for my child to travel to and from these events via transportation provided by staff and volunteer drivers. I also grant permission for photos of my child to appear on the church website, newsletter, Instagram account, etc.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional, and I give my permission to the doctor or healthcare professional to provide medical services they may deem necessary. I will pay for any medical expenses so

incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above. I also give my permission for my child's ministry leader to restrict my child from participating in any activity for their health or safety.

Date: _____

Signature: _____