

Wabash Valley Youth for Christ

Parental Consent and Release of Liability—8th Grade Graduation Party

This party is sponsored by YFC and area youth pastors. It is free to all Vigo County 8th grade students. For more information, see the back page or contact Tim Ramseier 812-249-3561 (cell), Rob Ball 812-234-7100 (office), or Joe Gormong 812- 299-8365 (office).

| | |
|----------------------------|---------------------------|
| Name _____ | Date of Birth _____ |
| Address _____ | Age _____ |
| City, St, Zip _____ | _____ |
| Home Phone _____ | Cell (student) _____ |
| Mother/ Guardian _____ | Father/ Guardian _____ |
| Phone # _____ | Phone # _____ |
| Emergency Contact _____ | Contact's Phone _____ |

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child participates in any Wabash Valley Youth for Christ activity.

| | |
|-------------------------------|----------------|
| Insurance Co. _____ | _____ |
| Primary Name on Ins. _____ | Policy # _____ |
| Family Doctor _____ | Phone # _____ |

Please list any:

Current medical condition, Major illness in last year, Current medicines & dosage, allergies, allergies to medicines, swimming or physical restrictions on activities, or anything else that we should know to take the best care of your student.

| | |
|----------------------------|---------------------------|
| Last Tetanus Shot _____ | Contact Lenses? Yes No |
|----------------------------|---------------------------|

Please fill out all information and then read the statements on the back of this page. If you agree with all statements and verify that all information is correct, both parent/guardian and student should sign and date on the spaces provided.

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Rules of Behavior Expected of Each Student:

No alcohol or drugs permitted.

No tobacco permitted.

Attendance to all scheduled activities is mandatory.

No fighting.

This form is for 8th Grade Graduation Party on May 6, 2010, to be held at Maryland Community Church (4700 S. State Rd 46, Terre Haute). I understand that my child will be transported from the school to the church after school is over on the 6th. I will pick my child up at Maryland Community Church at 5pm.

Medical & Liability Release Statement:

I understand all reasonable safety precautions will be taken at all times by Wabash Valley Youth for Christ and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Wabash Valley Youth for Christ, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

In case of emergency, I understand that every effort will be made to contact me; however if I cannot be reached, I hereby give Wabash Valley Youth for Christ the permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I give permission for those administering medical treatment to do so, using the measures deemed necessary. I release Wabash Valley Youth for Christ and all medical providers from liability in action on my behalf in this regard and rendering such medical treatment.

Parent / Guardian Signature _____ Date _____

Student Signature _____ Date _____

Please return to the school office by May 5.