

PARENT/GUARDIAN INFORMATION

Mother's Name	Father's Name	Guardian
Address (if different from youth participant)	Address (if different from youth participant)	Address (if different from youth participant)
Phone:	Phone:	Phone:
Email:	Email:	Email:

**Minor Participation Authorization and
Consent to Emergency Medical Treatment Form**

I give my consent to have my minor child participate in **Christus Victor Lutheran Church** sponsored activities (hereafter "these activities").

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release **Christus Victor Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in these activities and agree to save and hold harmless **Christus Victor Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in these activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian Signature: _____ Date: _____

STUDENT COVENANT

For your information, we expect each student to conform to these rules of conduct during a youth activity:

- Cell phones will be turned off
- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- 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

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____