

**Farmington Lutheran Church
YOUTH MINISTRIES
PARTICIPANT RELEASE FORM**

The following are guidelines/expectations the Youth Ministry at Farmington Lutheran Church feels need to be understood and accepted during the coming event, _____ . Please read

(Please fill in the event attending)

through completely and if any guidelines/expectations are unclear or unreasonable, please contact the Youth Staff prior to participating.

- I will respect others and their property and the property that we are using during this event.
- I understand that I am part of a Christian community. I will be an active participant and be on time for all activities/gatherings and group meetings.
- I will respect adult counselors and their decisions.
- I will not bring or use drugs, alcohol or tobacco during the entire time.
- I will not engage in inappropriate sexual conduct.

I have read the above expectations and I will make a commitment to follow them during the event. I understand that I may be sent home as a result of illness or discipline problems.

Participant Sign your name here _____ *Date* _____

I have read the guidelines/expectations and give my child permission to participate, be transported and supervised by Farmington Lutheran Church Youth Ministry Staff and leaders. I understand that if my child is dismissed from the trip that I will be called and he/she will be transported home at my /our expense.

Parent or Guardian's name here _____

Parent or Guardian's signature _____ *Date* _____

_____ I would not like my child's picture on the web-site/printed material.

Health Insurance Information

Health Insurance Company Name: _____

Policy Number _____ Family Physician _____

Medical Concerns: _____

Medications: _____

I understand that my child will be participating in physical activities and may not always be supervised by an adult. I give my permission for an adult leader to seek emergency medical care for my child if needed.

Parent or Guardian's name _____ *Date* _____

Parent or Guardian's signature _____

Home Phone: _____ *Secondary Phone:* _____

Emergency Contact Person _____ *Emergency Phone:* _____