**Parental Consent Form for Visiting Youth participating in**

 **Salem Youth Fellowship Activities**

**Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent) give permission for my child/children

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate in the Salem Youth event listed above. I understand that this event is to be sponsored by the Salem United Church of Christ, 502 Mark Drive, Verona, Wisconsin, and led by designated church staff and/or youth ministry and parent volunteers.

 I understand that this event will be held (check one):

\_\_\_\_ at the church \_\_\_\_\_ offsite, with transportation provided by Salem UCC staff/volunteers

and I will not hold Salem UCC, its staff, or volunteer leadership liable for any accident or injury while sustained at this event (at the church or off-site) or that occurs in travel to or from this event.

 I am responsible for understanding the details of the events as they are scheduled, and will provide my child with necessary forms, funds, and equipment.

* Please indicate any health concerns and/or medication that leaders should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Aspirin Tylenol Advil (choose one)

may be given only as deemed necessary by the youth leader

Permission granted for participation in activities except:

**In case of emergency, please contact me/us at:**

Parent/Guardian Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #2: \_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We do hereby release and discharge the Salem United Church of Christ of Verona, Wisconsin, and each of its agents, staff, board members, officers, members, volunteers, and employees, from any and all claims, liability, and causes of action, of any kind and nature, which may arise in connection with these activities. We grant permission for our child to participate in all activities except as noted, above.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Youth Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)