

Youth Activity Permission Form

Trinity Lutheran Church
1400 West Stadium Boulevard
Ann Arbor, Michigan 48103
(734) 662-4419

*This form will be required for all youth activities that are overnight, offsite, or onsite (not including Education such as Sunday School, Catechism or Dynamite Friday) *

Name _____ Date of birth: _____

Address _____ City _____

Phone _____

Activity Name _____

Medical information

***Please be sure a current medical form is on file*

Are there any changes to your child's on-file medical form?

Are there any medications your child will need to receive (include prescription and OTC)?

Do these changes need to be added to your child's medical form? _____ Yes _____ No

Medication Approval

I hereby authorize the chaperones to administer my child's medication as indicated below. A letter from my child's doctor is attached stating the medication and dosing schedule.

Medication(s) _____

Medication Distribution Schedule _____

Parent/Guardian Signature _____ Date _____

Youth Activity Permission Statement

I, _____, give my child permission to attend stated activity sponsored by Trinity Lutheran Church. I understand that the Youth Director or a parent volunteer will supervise the children during the activities. I hereby agree on behalf of myself and my child, to release Trinity Lutheran and any and all affiliated organizations, their employees, agents and representatives, including volunteer chaperones and drivers, (collectively "releasees") from any and all claims, including negligence, that may be asserted by my child or me, or on behalf of my child, arising from or relating to my child's participation in the activity. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by my child or me, or on behalf of my child, arising from or relating to my child's participation in the activity. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Parent/Guardian Signature _____ Date _____

(Youth Covenant: over)

Youth Covenant

I, _____, covenant (promise) to

- respect my peers,
- listen to the adult leaders,
- follow all rules of the activity, and
- be responsible for my actions.

Youth Signature _____ Date _____