

## North Park Covenant Church Youth Ministries Student Waiver

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Preferred Name (if applicable): \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Parent(s)/Legal Guardian's Name: \_\_\_\_\_

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

Primary Phone Number of parent/legal guardian: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

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

I would like to receive weekly email updates about dates and upcoming events (please check

one):    YES                      NO

Student's phone number (high school youth group only): \_\_\_\_\_

Student's Allergies/Medical Conditions: \_\_\_\_\_  
(All information kept confidential)

Emergency Contact Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### **Permission:**

I (parent/guardian) \_\_\_\_\_ understand that my child will be participating in a number of activities for the 2025-2026 year which carry with them a certain degree of risk. These activities include but are not limited to: hiking, camping, field trips, and sports. I consent for my child to fully participate in all activities. I also understand and give consent for my child to travel to and from these events via transportation provided by staff and volunteer drivers. I also grant permission for photos of my child to appear on the church website, newsletter, Instagram account, etc.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other healthcare professional, and I give my permission to the doctor or healthcare professional to provide medical services they may deem necessary. I will pay for any medical expenses incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above, I also give my permission for my child's ministry leader to restrict my child from participation in any activity for the safety of their health or safety.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_