



THRIVE Event Permission Form

Emergency Medical/Contact Information for Youth Activities

Valid through November 2016

Child/Youth Name: _____ Date: _____

D.O.B _____ Home Phone: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Parent(s)/Custodial Adult(s)' Name(s): _____

Work Phone(s): _____

Cell Phone(s): _____

Email(s): _____

In Case of Emergency Contact:

1. Name: _____ Daytime Phone: _____

Relationship: _____ Evening Phone: _____

2. Name: _____ Daytime Phone: _____

Relationship: _____ Evening Phone: _____

Name and Phone Number of Primary Treating Physician:

Allergies (including medications child/youth can NOT take)/Special Health Concerns:

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for NorthPointe Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Signature Parent(s)/Custodial Adult(s)

Medical Insurance Company: _____

Policy/Group Number: _____

Participant ID Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of NorthPointe Church, both on the church premises and elsewhere.

I/we release NorthPointe Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of NorthPointe Church; and I/we agree to indemnify and hold forever harmless the NorthPointe Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of NorthPointe Church or resulting from traveling to or from the activities of NorthPointe Church, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Signature Parent(s)/Custodial Adult(s)

Permission to Travel in Vehicle with One Adult Present

By signing below, I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

Signature Parent(s)/Custodial Adult(s)

Photo Permission

By signing below, I/we understand that my/our child/youth may be photographed while participating in the activities of NorthPointe Church. I/we give permission for a recognizable image of my/our child/youth to be posted on the NorthPointe website or bulletin boards. I/we understand that a non-recognizable image, such as a group picture, may be posted.

Signature Parent(s)/Custodial Adult(s)
