

**CHELAN CHURCH OF THE NAZARENE YOUTH MINISTRY  
PERMISSION SLIP/MEDICAL RELEASE**

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to attend \_\_\_\_\_ on \_\_\_\_\_. Participation in church events offers many benefits but I also acknowledge that participation in church sponsored events involve certain risks and hazards of injury and/or property damage, and may result in my child being unable to contact me or to receive immediate medical care and assistance if injury occurs. I further agree to indemnify the Chelan Nazarene Church, its officers, board members, supervisors, teachers, employees, and volunteers, for any and all damage or injury that my child may cause to result of his/her participation in church sponsored events. I release and waive any liabilities against Chelan Nazarene Church, its employees, and volunteers. I agree if my child is not behaving in a manner consistent with the church regulations on good conduct, is not following event rules or is being disrespectful to adults in charge of event, that my child may be excluded from participation in any or all church events. I acknowledge that these activities may include but are not limited to activities both on or off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally may involve overnight stays. Such events and activities may include and involve the preparing and eating of food, using candles and fire, or being around them, using scissors and other tools, and using arts and crafts supplies and other materials. Some events may involve recreational and sports activities such as, but not limited to, hiking, climbing, baseball, basketball, swimming, games, trampoline, and frisbee.

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_ Church currently attending: \_\_\_\_\_

Insurance Provider & Policy Number: \_\_\_\_\_

Signature of Parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* Please list anything that might limit your child from participating in activities as well as any allergies or medical needs including medication that may be needed on activity below or on backside. If you do not want your child/teen participating in particular activities (i.e. jumping on trampoline) please list that as well.