

**Permission to Participate in Activities at Madison Square Church 2016-2017**

**Youth Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Student Home # \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Current Grade: 6 7 8 9 10 11 12 School Name \_\_\_\_\_  
Student Email: \_\_\_\_\_ T Shirt Size: S M L XL 2XL 3XL 4XL

**Parent/Guardian Contact Information**

Parent/Guardian Full Name(s) \_\_\_\_\_ Parent's Email: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
If you can't be reached, call \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Medical Information**

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Ins. Carrier's Phone Number \_\_\_\_\_ Primary Doctor \_\_\_\_\_  
Primary Doctor's Phone \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Medical, emotional or mental issues we should know of (ex: depression, diabetes sleepwalking, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to food/environment or special needs we should know about to care for your child?  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

My child can be given basic analgesics (Tylenol, Advil) Yes No

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**Release From Liability**

I give permission for my child \_\_\_\_\_ to participate in Youth Ministries at Madison Square Church. I understand and consent to any field trips that he/she will take in Madison, Oakdale, GRIL or Tall Turf Ministries vehicles and agree to ensure their punctual arrival and pickup. I permit Madison Square Church and it's partners to use video or photographs of my child for church related purposes. I hereby release Madison Square Church, its partners, staff & volunteers, from any liability for injury that my child may sustain during activities or field trips. In case of illness or injury, and in the event I am unable to respond, I authorize Madison volunteers and staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_