

# Friend Christian Assembly

105 Vine St,  
Friend, NE 68359

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## 2018-2019 PERMISSION SLIP & RELEASE FORM

YOUTH Name \_\_\_\_\_ PHONE NO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
PARENTS' NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
PARENTS' NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

In case of emergency and you cannot be reached, we should contact:

NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

\_\_\_\_\_ Does your child have any specific health problems or requires any special medication?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please identify:

### For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No open displays of affection such as holding hands, kissing, or hugging.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters for any reason.
- 100% Participation with the group is expected from each student.
- Respect personal property.
- Respect one another, staff, and adult leaders in attitude and language.
- Respect and comply with event schedules.
- Students are not allowed to leave the group without permission **and** two or more persons to accompany them.

**Should my student fail to comply with these expectations, Friend Christian Assembly/Encounter Youth has my authority to send my student home at my expense.**

**Parents Initials:** \_\_\_\_\_

*I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: amusement parks, cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.  
*Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor before this event.*

I/We the undersigned have legal custody of the student named in this release form and have given my/our consent for him/her to attend events being organized by Friend Christian Assembly. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Friend Christian Assembly, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I release Friend Christian Assembly and its staff of all liability that may be incurred while on Church Outings.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

—————> **Please make a copy of your health insurance card and attach to this form.** <————

***This portion must be completed by a notary public.***

State of \_\_\_\_\_)

County of \_\_\_\_\_)

The foregoing instrument was acknowledged by me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by: \_\_\_\_\_ who is/are personally known by me or who has/have pro-  
duced: \_\_\_\_\_ as identification and who did not take an oath.

State of My Commission Expires: \_\_\_\_\_ (SEAL)  
Notary Public