

NORTHMINSTER/YOUNG LIFE MEDICAL/LIABILITY RELEASE FORM

Name _____ Age _____ School _____

Address _____ City/State/Zip _____

Home Phone # _____ Emergency Phone# _____

Parent's or Guardian's Name _____

Whom To Contact in case of an emergency _____

Relationship to Student _____

Are you allergic to any medicine? If yes, what? _____

Health Insurance Co. _____ Policy # _____

Address of Insurance Co. _____

By signing this form, I hereby release Northminster Presbyterian, Young Life, or any of said staff of any responsibility of injuries caused by my son or daughter during this trip/event. I also grant my permission for any emergency medical treatment that may be needed by my son or daughter if they are injured or become ill while on this trip/event.

Signature of Parent or Guardian _____ Date _____

Maturity Covenant and Transport Home Agreement

By signing this form, I agree to abstain from alcohol, tobacco use, any illegal drugs, inappropriate sexual behavior, lewd or foul language, or behavior that may be detrimental to the group. I further understand by signing this form, that any violation of the above statements could result in my being sent home at my parent's expense if the trip leader, YL Staff, or student director of Northminster Presbyterian deems necessary. I understand that by not signing this form also indicates that I am no longer interested in participating in this trip and my spot will be surrendered and given to someone else on the waiting list.

Trip Member's signature _____ Date _____

As a parent, by signing this form, I understand the obligations that my son or daughter have agreed. I also understand that, if it is deemed necessary, I will be responsible for financing their trip home.

Parent or Guardian's signature _____ Date _____