2019 Spring Fling Youth Event Release / Permission Slip
Pacific Southwest District of the Church of the Brethren

Dates of Event: Saturday, April 27th, 2019, Bakersfield, CA
Participation Will ONLY Be Permitted WHEN Signed By Parent or Guardian

My child, __________________________________________, has my/our permission to and is physically fit and able to participate in the PSWD Spring Fling Youth Event; events to include walking back and forth on the Bakersfield CoB Campus, and various games and meals at this location.

I/We hereby grant permission to the Pacific Southwest District of the Church of the Brethren to secure the services of a doctor or hospital in case of emergency, as provided in Family Code Section 6900 et seq. without obligating the District. In consideration of my child’s participation in this Youth Event, I/We hereby accept all risk related to his/her health and injury or death that may result from such participation and I expressly waive any and all claims against the Pacific Southwest District Church of the Brethren, Inc., or its representatives, on account of injury or other damages that may be incurred by his/her participation in the PSWD Spring Fling Youth event. I further agree to indemnify and hold harmless the Pacific Southwest District of the Church of the Brethren or its representatives from liability for the injury or death of any person(s) and damage to property that may result from my child’s negligent or intentional act or omission while participating in the District Spring Fling Youth Event.

Additional information, special needs / circumstances: ________________________________________________________________

________________________________________________________________________________________

Parent(s) Signature(s)

________________________________________________________________________________________

Date _____________________

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Youth Covenant
It is understood ..... 
• We all want to have a good time at this event and leadership will be supervising youth at all times.
• While attending, I agree to participate with others in all planned activities, and to cooperate with leadership.
• It is expected that cell phones will only be used for emergencies. Please plan on “powering down” for the duration of the event.
• If you plan on driving yourself, please plan on keeping your car parked until the event has finalized.

As a participating Youth, I agree to abide by this covenant:

Youth Signature ___________________________ Date ________

PSWD, PO Box 219, La Verne, CA 91750-0219 ✦ Nohemi Flores Youth Advisor ✦ Youth@pswdcob.org
Youth’s Name: _________________________________________________
Address: __________________________ City: __________________ State:________
Date of Birth: _______ / ______ / ____ Age: _______ Sex (circle one): M / F
Height: ______________ Weight: __________
Insurance Provider: __________________________________________________
Policy Number: _______________________________________________________
Family Physician: _____________________________________________________
Phone Number: __________________________
Date of last tetanus shot: _______ / ______ / ______
Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or
limitations that may affect youth’s participation in activities.
____________________________________________________________________
____________________________________________________________________
Please list any medications youth will be taking during event:
Medicine: __________________________ Dosage: ____________ Time of Day: _______
Medicine: __________________________ Dosage: ____________ Time of Day: _______
Medicine: __________________________ Dosage: ____________ Time of Day: _______

In case of an emergency, please contact:
Parent/Guardian Name: __________________________ Relationship: ___________
Home Phone: __________________________ Work Phone: ______________________
Cell phone: __________________________ Email Address: ______________________

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Home Phone: __________________________ Work Phone: ______________________
Cell phone: __________________________ Email Address: ______________________

Consent for Medical Treatment:
I/We hereby grant permission to the Pacific Southwest District of the Church of the Brethren to
secure the services of a doctor or hospital in case of emergency, as provided in Family Code
Section 6900 et seq. without obligating the District. I/We consent and assume responsibility for the
participation in the event described at the top of this form and expressly waive any and all claims
against the Pacific Southwest District Church of the Brethren, Inc., or its representatives, on
account of injury or other damages that may be incurred to this participant or their property:

Parent/Guardian Name: _________________________________________________
Signature: _____________________________________________________________
Home Phone: __________________________ Work Phone: ______________________

Parent/Guardian Name: _________________________________________________
Signature: _____________________________________________________________
Home Phone: __________________________ Work Phone: ______________________

Both parent or legal guardian signatures required if youth is under 18 yrs of age