

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 _____

Pacific Southwest District of the Church of the Brethren
HEALTH HISTORY, MEDICAL CONSENT & PARTICIPATION FORM EVENT:
PSWD Spring Fling Youth Event at Bakersfield CoB 327 A St, Bakersfield, CA 93304
Saturday, April 27th, 2019

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: _____

Parent/Guardian Name: _____ Relationship: _____
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