

**Orcutt Presbyterian Church
Sports and Youth Activity Permission Form**

Date of Activities: **9/1/07 through 8/31/08**

Minor's Name: _____

Minor's Address: _____

Minor's Phone Number: _____

I, _____, the parent of legal guardian of the above mentioned minor, hereby give my permission for his/her participation in all youth activities of the Orcutt Presbyterian Church for the period specified above.

I agree that in the event my child is injured as a result of his/her participation in the above mentioned activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law. I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

I acknowledge that it is my responsibility to notify the Orcutt Presbyterian Church of any changes to medical or other information on this form.

Parent or Legal Guardian Signature Date

Print Name of Parent or Legal Guardian Relationship

Daytime Phone Evening Phone Cell Phone

Emergency Contact Person Daytime Phone Evening Phone Cell Phone

Name & Phone of Primary Dr.: _____

Health Plan & Policy Number: _____

Allergies or Medicine Allergy: _____

OPC Youth Info Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Date of Birth: _____

Grade: _____ School: _____

Youth Email Address: _____

Interests: _____

Would you be interested in volunteering at the Church? Yes No

If so, what areas? _____

Would you like to receive all correspondence from the Church by email? Yes No

Parent/Legal Guardian Information

Parent/Legal Guardian Name(s)

Address (if different from above)

Phone #: _____ Cell Phone #: _____

Email Address: _____

Would you like to receive all correspondence from the Church by email? Yes No