

YOUTH MINISTRY PERMISSION SLIP 2012-2013

I, _____, as the legal guardian(s) of _____ do
(Please Print Legibly)

consent to his/her involvement in youth sponsored activities at Santa Fe Presbyterian Church,
1603 North Santa Fe Ave, Edmond, OK 73003.

The undersigned does also hereby give permission for out (my) youth to ride in any vehicle driven
by an approved ADULT chaperone while attending and participating in activities sponsored by Santa Fe
Presbyterian Church. My child/youth and I understand that SEAT BELTS (if available) SHALL BE WORN
AT ALL TIMES during transportation.

I also give my permission for the leadership of the youth program to admit my child to medical
care facilities and give my authorization for my youth to be treated immediately if an injury or illness
should occur while participating in youth program related activities.

I understand that my child shall be expected to abide by the rules and discipline common to Youth
Group activities at Santa Fe Presbyterian Church which are intended to create a safe, life-affirming, and
loving Christian environment (no weapons, alcohol, tobacco, or non-prescribed drugs; show respect for
people and property; adhere to the rules of the event as proscribed by the adult chaperones; no bullying
or hurtful language; and no actions or behaviors which could be harmful to self and/or others, etc.).

I understand that if my child breaks any of these rules or acts in any way which inhibits the
success of the event, I may be called to immediately pick up my child at any time during the scheduled
time event. This will be at the discretion of the adult chaperones.

I do not hold Santa Fe Presbyterian Church, Indian Nations Presbytery, its youth program or any
of its leadership, or the Presbyterian Church USA or its subsidiaries, responsible in any way for any
incident or accident that may occur while participating in youth program. (Please use the reverse side to
explain any other additional or helpful information you feel we should be aware of... i.e. allergies, asthma,
medications, etc.)

I have read and fully understand the above permission slip and I do want my child to be
allowed to participate in the Santa Fe Presbyterian Church youth group program and its
activities.

Signature (Legal Guardian): _____

Printed Name: _____ Date: _____

Medical Insurance & Policy Company Name: _____

Policy #: _____

Home Phone #: (____) ____ - ____ Alt/Emergency #: (____) ____ - ____

Cell Phone #: (____) ____ - ____ email: _____