

# LIPY-CM Activity Covenant and Permission Slip



I agree to:

- a) participate and remain with the Youth Group at the scheduled activities
- b) show respect to other people (leaders, participants, etc.)
- c) be a positive representative of my Christian faith by showing compassion for others
- d) refrain from harming others (using physical force or using offensive language)
- e) report any illegal, abusive, or offensive behavior to the leader of the event

✍ Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_,  
*name of parent/guardian* *participant's name*

to participate in events sponsored by **LIPY-CM**.

- I agree with the above youth covenant, that my child signed.
- We further express our appreciation for the church's youth ministry, organization of the event, and the adults who are volunteering their time to make the event possible.
- Failure to follow the covenant will result in a phone call to the parent/guardian for immediate pick-up/removal of offender.

## MEDICAL TREATMENT

Should emergency medical treatment be necessary, I authorize the adult leader(s) of LIPY-CM to act on my behalf and administer/approve appropriate treatment.

## RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of (*participant's name*) do hereby release LIPY-CM, all sponsors, and volunteers involved with the events from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above event.

✍ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Primary Contact Information (*parent/guardian*)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Secondary Contact Information (*\*only to be used if primary contact can not be reached*)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Medical Insurance (*please provide your daughter/son with a medical card if available*)

Carrier: \_\_\_\_\_

Employer: \_\_\_\_\_

Member Name: \_\_\_\_\_

Group #: \_\_\_\_\_