

Hollyview Church: Youth Ministry Annual Permission Form

Date this Permission is Valid: **2022/23 School Year**

This permission form must be completed, signed and dated in order for your child to participate in HV Youth activities.

STUDENT: _____ M/F _____
(First Name) (Last Name) (Gender) (Birthdate)

(Home Address) (City) (State) (Zip)

(Student's Email Address) (Student's Cell Phone)

(Grade) (School)

Initial you understand the following:

The above-named student has my permission as parent/guardian, to attend functions with Hollyview Church and further more:

- I agree that Hollyview and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event via private or church vehicle. Nor are they liable for any injuries sustained or any lost, stolen or damaged articles.
- I authorize Hollyview and any adult leader to obtain the services of a physician and/or hospital for the care of my child if necessary, including emergency medical care, emergency x-rays and /or emergency surgery.
- Should the need arise, I also authorize Hollyview and its leaders to incur any necessary expenses for such services in the event of accident or illness and I agree to provide payment for these expenses.
- I understand that Hollyview Church doesn't allow youth workers to transmit or receive any electronic content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing, or disrespectful. I also understand that Hollyview Church can't guarantee that all minors participating in youth activities will abide by the policy's terms. However, I realize that the church will seek to enforce the policy's terms to the best of its ability.
- I agree that my child will be responsible to Hollyview and its leaders for all his/her actions at events.
- Youth workers and volunteers of Hollyview Church have my permission to share my child's name, telephone number, and e-mail address with Hollyview Leadership.
- If a dispute over this consent form or a claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If we can't agree on a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/Guardian's name (please print): _____ Relationship to child: (please circle one)
Father/ Mother/ Grandparent/ Legal Guardian

Phone #: _____ Email: _____

Secondary Emergency Contact (in case above person cannot be reached)

Name/Relationship _____ / _____ Phone #: _____

This child is covered for accident and medical insurance benefits by:

Insurance Company _____ Policy/Group Number(s) _____

Please let us know if there are any medications, allergies or behavioral needs, we need to be aware of:

Signature of Parent/Guardian: _____ Date: _____