

Goleta Presbyterian Church
Youth Ministry Programs/L.O.G. Retreat
6067 Shirrell Way, Goleta, CA 93117
(805) 967-2131

PERMISSION FORM / MEDICAL RELEASE

I understand that every effort will be made to protect and safeguard all participants. I, the undersigned, hereby give my permission for my child _____ to participate in the youth group activities with the youth ministry at Goleta Presbyterian Church and the L.O.G. Retreat Program **for the program year beginning September 1, 2007 - September 1, 2008** and I HEREBY WAIVE ALL CLAIMS WHICH I/WE MIGHT HAVE AGAINST GOLETA PRESBYTERIAN CHURCH, their officers, agents (including those from other churches), and employees for injury, accident, illness, or death occurring during or by reason of the activity, and I/we further agree to indemnify and save free and harmless Goleta Presbyterian Church, their officers, agents (including those from other churches), and employees against claims, liabilities, penalties, or loss resulting from or as consequence of said activities, including riding in the vehicle of another student.

In the event of an emergency when parents cannot be contacted, I hereby authorize the Youth Group Leaders to secure the services of a physician and/or dentist who may hospitalize, secure proper treatment for, use ambulance, and order injection, anesthesia, or surgery for the above named minor. It is understood that this authorization is given in advance of any emergency situation, but is given to provide the authority and power to the Youth Group Leaders to give specific consent to any and all such diagnosis, treatment or hospital care that may become necessary. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

**PLEASE NOTE: THE FAMILY PERSONAL INSURANCE POLICY IS TO BE
THE PRIMARY SOURCE OF COVERAGE FOR ACCIDENTS AND INJURIES.**

Name of Parent(s)/Guardian(s) _____

Parent's E-mail Address: _____

Home Phone Number _____ Work Phone Number _____

Address: _____

Name of Relative _____ Relative's Phone Number _____

Name of Neighbor _____ Neighbor's Phone Number _____

Insurance company _____ Policy # _____

Family physician _____ Phone # _____

➔ *Allergies or medical information we should know:*

Signature of parent or guardian _____ Date _____

Signature of parent or guardian _____ Date _____

Please return this form to the church as soon as possible. It will be kept on file and will apply to any and all activities in which your child participates.

Please fill out both sides! ↵

Hi there! I know you've probably already given me this information 80,000 times, but please fill it out again so I have your most current info. Otherwise, I won't know how to find you and that would be bad. Because then you wouldn't know about all the amazingly cool stuff we're doing. And that would be sad.

Oh yeah. Please print. In pen. So I can read it.
Otherwise I won't know where to find you...(see above).

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School: _____ Grade: _____

e-mail: _____

AOL Instant Messenger screen name: _____

Please return this form as soon as possible to:

**Tony Lazzari
Goleta Presbyterian Church
6067 Shirrell Way
Goleta, CA 93117**

**805.280.5887
tlazzari@gmail.com**

Thank you!

Please fill out both sides! ↵