

Field Trip Permission Slip Villa Heights Baptist Church

4080 Challenger Avenue, NE • Roanoke, Virginia 24012 • (540) 977-7305 • www.villaheights.com

Participant _____ (full name)

Activity _____ Date of Trip _____

Parents/Guardians: Please make sure that you go over the Code of Covenant with your youth, so that you both understand our ground rules. FAILURE TO KEEP THE COVENANT WILL RESULT IN ACTION BY THE LEADERS OF THE EVENT TO CONTACT YOU, IN ORDER TO PICK UP YOUR YOUTH.

All the youth at this event understand that this event is sponsored by Villa Heights Baptist Youth Group program. THIS IS A CHURCH TRIP. Each participant is responsible for the following covenant:

1. I will be respectful of all the youth and adults attending this event.
2. I will respect the property of others.
3. I will strive to maintain a positive attitude and keep an open mind during this event.
4. In case of an emergency, I will contact an adult leader immediately to report the incident.
5. I will participate in the activity that is planned.
6. No alcohol, drugs (including nicotine) of any kind.

I understand that in the event of a medical emergency, if any medical or surgical care becomes necessary for (name) _____, I, the participant or parent/guardian, grant those in charge of the event permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. By signing below, the participant or parent/guardian acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant or parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant or parent/guardian promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant or parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

(If participant is under age 18, a parent or guardian must sign.)

Signature of Parent/Guardian _____ Date _____

Printed Name _____

Signature of Participant _____ Date _____

MEDICAL RELEASE FORM

Physician _____ Phone # _____

Participant's Address (street, city, st, zip) _____

Day phone _____

Evening phone _____

Emergency Contact:

Name _____ Relationship _____

Phone _____

(Every effort will be made to contact the parent or guardian; however in case that is not possible, please provide the name of a contact who will be home during the time of the event who can act as an emergency contact.)

Please complete insurance information on second page (or back).

INSURANCE INFORMATION

Name of Insurance Company _____ Policy # _____

Does the participant have any allergies or other medical problems of which we need to be aware?

If yes, please list _____

One copy of this form will need to be completed for each person attending the event. This information will remain confidential and will be used only in case of an emergency.