



**Middleton Congregational Church**

66 Maple Street  
Middleton, MA 01949  
(978) 774-3788  
www.middleton.org

## 2019 Rock Solid Annual Permission Slip

*(Complete one form per minor)*

My son/daughter, \_\_\_\_\_ (PRINT FULL NAME) has my permission to attend all activities, for the year 2019 associated with the Rock Solid Youth Ministry.

Parents agree to hold harmless and otherwise indemnify for any injuries or losses, the Church, Youth Director, Assistants, and all Volunteers who give their assistance to the youth ministries of Middleton Congregational Church.

Parents also agree, in case of an emergency requiring immediate medical attention, to authorize any of the adult leaders associated with Rock Solid accompanying my youth to seek or provide medical care for my youth. Parents also authorize any doctor, hospital, or other medical care institution or practitioner to provide necessary medical care or hospitalization to my youth, a minor child, upon request of one of the adult leaders associated with Rock Solid.

My youth has my permission to ride in a car driven by an adult leader:  Yes  No

My youth has my permission to ride in a car driven by a parent volunteer:  Yes  No

I give permission for my youth to be photographed during Rock Solid events and for the photo used on MCC's website and/or social media:  Yes  No

Is your youth now on medication? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your youth have any allergies or any specific problems that the adult leaders should know about? If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Full Name:** \_\_\_\_\_

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

Relationship to Teen: \_\_\_\_\_ Teen's Date of Birth: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Primary Care Physician:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### **PARTICIPATION AGREEMENT**

By signing below, the participant (or parent/guardian if participant is a minor) 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.

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