

Youth ReCharge

November 2nd & 3rd, 2012

Forms – Each form must be filled out and turned in with payment

Today's date: _____

I _____ (parent/guardian), give my young person,
_____ (young person) permission to go to **ReCharge**,

located at **Bethel Apostolic Church, 21 North Earleton Road Extention,**

Havre de Grace, MD 21078 on the date of Friday, November 2nd &

Saturday, November 2nd, 2012 with the *Christian Life Center* Youth Staff.

We will be leaving the *Park and Ride* located at the intersection of 270 and

Quince Orchard Road at 5:45pm and will arrive back on Saturday at

approximately 4:00pm at this same location.

****Please meet us at the Park and Ride at 5:30pm so that we can get everyone loaded up in time to leave at 5:45pm.**

If you need more information on this trip, and did not receive the email, please contact Pastor Glass. You can also see the information on his blog: www.ypglass.wordpress.com.

Young person's signature: _____

Parent/Guardian signature: _____

Contact Number for Parent/Guardian: _____

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Medical Release Form

I, _____, am the parent or legal guardian of _____,
Name of parent or guardian Name of minor
hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities at Christian Life Center (hereinafter, "camp," "church," "school," etc.), beginning on the day of Friday, November 2nd, 2012 and ending Saturday, November 3rd, 2012.

I hereby authorize the Pastor Richard Glass and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at Youth ReCharge into whose care my child has been entrusted, to consent to medical care dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Pastor Glass and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at the ReCharge to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Youth Pastor and his/her officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at this ReCharge.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Dated _____, _____

Signature of parent or legal guardian

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Addition Information

Medical Information:

I ___do/ ___do not give permission to the trip sponsors to administer medicine (such as aspirin, Tylenol, Pepto Bismol) as necessary. Please indicate any medications you do not want given to your child and initial.

Parental Consent Form (to be completed by parent or legal guardian)

To whom it may concern: I, _____, parent or guardian of _____ do hereby request that the above named child be permitted to attend CLC Youth Ministry events (including those that require transportation). I agree and consent to having the youth workers, under whose direction the program is conducted, to secure any medical care or treatment that may be necessary for my child during the entire trip. I further assume all responsibility for the decision so made, and the emergency care or treatment so secured by my child.

Date _____

Name of Medical Insurance Company

Policy Number _____

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General Information

Young Person's Info

Name _____

Male _____ Female _____

Address (please include apt or unit #)

City _____ Zip _____

Home phone # _____

Cell Phone # _____

Email _____

Father's Info

Work phone # _____

Cell phone # _____

Email _____

Mother's Info

Work phone # _____

Cell phone # _____

Email _____

Family Physician _____

Phone _____

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Emergency Contact Person _____

Phone _____

Address (please include apt or unit #)

Relationship _____