

First Presbyterian Church  
373 Fourth Avenue South  
Saint Cloud, MN 56301  
Phone: 320-251-8277 Web: [www.fpcstcloud.org](http://www.fpcstcloud.org)

## PERMISSION RELEASE (Grades 5 – 12)

This form applies to all activities for youth in Grades 5 – 12

Date \_\_\_\_\_

### Student Registration/Promise

I understand that Sunday School/Youth Connection activities at First Presbyterian Church are intended to proclaim Jesus Christ as Savior and Lord. My attendance will enable me to learn more about Him; enjoy the company of other youth; and enjoy the activities involved. In keeping with this spirit, I promise to obey the instructions of the leaders; respect the rights of others; and not bring or use any non-prescribed drugs, narcotics, tobacco, or alcoholic beverages. I am aware that I may be sent home prior to the conclusion of any activity if this promise is violated.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ (please print) Grade: \_\_\_\_\_  
Address: \_\_\_\_\_

### Parent Permission/Release

I give permission for my above-named child to participate in all Sunday School/Youth Connection activities of First Presbyterian Church. I understand that if he/she is sent home early because of violation of the above promise, it will be at my expense.

I hereby release First Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of any emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian: \_\_\_\_\_  
Name of Parent or Legal Guardian: (please print) \_\_\_\_\_  
Emergency Phone Number(s): \_\_\_\_\_  
Second Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_  
Medications Being Taken \_\_\_\_\_  
Physical Handicaps or Limitations: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Member's Name: \_\_\_\_\_

**This release shall remain in effect for one year from the date above.**