

**Unitarian Universalist Church of Loudoun
Youth Event Permission Form**

Participant Information

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information

Name: _____

Relationship to participant: _____

Home Phone: _____ Cell Phone: _____

In the event of an emergency, I permit my son/daughter to receive medical treatment as decided upon by the attending advisors. I further acknowledge they will make every attempt to contact me.

Signature of Parent/Legal Guardian
(or participant, if over 18)

Date of Signature

Medical Information

Insurance Company: _____ Policy Number: _____

Current Medications: _____

Known allergies: _____

Known medical problems & concerns: _____

Event Information

Event: _____ Date & Time of Event: _____

Location: _____

Location Phone Number: _____

Name of Advisor(s) present: _____

Rules*:

- 1 The NO rule applies at all times.
 - The use of the word “NO” is a signal for others to cease behavior which may cause any member of the group to feel uncomfortable.
- 1 No Illegal DRUGS.
 - Members may not use or have illegal drugs or paraphernalia in their possession at any time during any event.
- 1 No abuse of legal drugs, such as prescription medications.
 - All medications must be listed in the Medical Information section on the previous page.
- 1 No Weapons.
- 1 No Violence.
- 1 No Possession or Use of Alcohol.
- 1 No Sexual Activity. (One person per zippered sleeping bag)
- 1 No Smoking or Possession of Cigarettes.
- 1 No leaving the building or event site without permission or adult supervision.

Y All participants will follow the specific rules of any given event or activity.

I have read the above listed rules and acknowledge them as my guide for participation in the event. I understand that if I break a rule, my parent/legal guardian may be notified and that I may be removed from further participation in the event.

Signature of Participant

Date of Signature

*The group has committed to their own covenant- their commitment to each other and the group. While these are the rules that UUCL imposes on the group, their covenant stands as a strong bond, and demands much more than just a list of rules.

●—————●
The undersigned, an adult parent or legal guardian acting on behalf of the minor child whose name appears herein, hereby does release the Unitarian Universalist Church of Loudoun, its Officers, Employees, Committees and Members, any and all, from any liability stemming from any injury, accident, or loss on the way to, the way from, or at the _____ (event) on _____ (date).

I hereby give my consent and authority to the UUCL advisors to take any reasonable action to help insure the safety, health, and welfare of my child. I further understand that my child will be required to follow the specific rules of the event and I understand that a breach of these rules may result in my child being sent home at my expense.

Signature of Parent/Legal Guardian
(or participant, if over 18)

Date of Signature