



**Form L**

***Finland Mennonite Church***  
**YOUTH PERMISSION/WAIVER FORM**

(for: Boys & Girls Club, Jr. High Group, & Youth Group)

**Name of Youth Participant** \_\_\_\_\_

**Parent(s) or legal guardian(s) of youth** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Age of Youth:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Functions & Activities**

*It is my understanding that participating in the programs and activities of Finland Mennonite Church is a privilege. I acknowledge that there are certain risks associated with the activities including activity-related accidents and physical injury due to transportation-related accidents.*

**Release of Liability**

*By signing this Permission/Waiver Form, I assume all risks of the above named youth participating in the activities. I further release Finland Mennonite Church and Its ministries, leaders, employees, volunteers and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities.*

**Photography Release**

*Photos may be taken in the normal course of youth activities. Photos may be distributed to members of the group, used in church presentations, and appear on the church website, social media, or internet publications. Participation in programs and activities implies an understanding that the above-named youth may appear in these photographs, and permission for said photos to be utilized.*

**First Aid & Emergency Medical Treatment**

*I recognize that there may be occasions where the youth named above may be in a need of first aid or emergency medical treatment as a result of a Finland Mennonite Church accident, illness or other health condition or injury. I do hereby give permission for agents of Finland Mennonite Church to seek and secure any needed medical attention or treatment for the youth named above including hospitalization. If in the agent's opinion such need arises, in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.*

*I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.*

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**Medical History**

*Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)*

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**Health Insurance Information – For emergency purposes, please make a copy of front and back of insurance card and attach it to this form.**

(Insurance Co.)

(Policy Number)

(Medical Doctor)

(Phone Number)

**Emergency Contacts**

*Names of persons and telephone numbers to call in case of emergency:*

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*I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.*

*I give permission for the youth named above to participate in the activities of Finland Mennonite Church. In consideration for allowing the participation of the youth in the activities of Finland Mennonite Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the youth, and agree that this Permission/Waiver Form shall be binding upon me.*

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)