

Event Permission

Common Ground Church of the Nazarene’s Youth Ministry is committed to providing safe, well-supervised activities for our teens. In order to facilitate that environment, all students are required to have the following form on file with the Church in order to participate in special Youth Group activities. Please fill out the form below, have it signed by your parent, and return it to the Church.

Student Name: _____

Address : _____

City, State, Zip: _____

Home Phone: _____ Cell Phone(s): _____

Father: _____ Cell Phone: _____ Home Phone: _____

Address (if different from above): _____

Father’s Email: _____

Mother: _____ Cell Phone: _____ Home Phone: _____

Address (if different from above): _____

Mother’s Email: _____

I, _____ (parent), give permission for my child, _____ (child’s name), to participate in Common Ground Youth Group Activities. I do I do not (check one) give permission for my child to ride in vehicles to Common Ground Youth Group events that require travel away from the Church building. I agree to hold harmless Common Ground Church of the Nazarene and all Common Ground employees, staff, personnel, volunteers, family members, and students for any issues arising from my child’s involvement in these events. I waive my right to seek damages from any of the afore-mentioned.

I understand Common Ground is a Christian organization and will hold my child accountable to certain moral standards while attending Youth Group activities, including but not limited to: the use of tobacco and alcohol are forbidden, no foul language and course joking, dress should reflect modesty and be inoffensive, students must follow instructions given by adult youth group leaders, no fighting, no weapons of any kid, no bullying, and the like.

If my child violates any of these rules, I understand they may be corrected by a Common Ground youth group leader, suspended from involvement in activities, and or immediately removed from the current activity. If asked to do so, I agree to immediate come pick up my child from the event regardless of whether that event is in town or out of town.

I agree to go over these rules with my student.

Medical Treatment Permission

I give Common Ground staff and volunteers permission to seek medical attention for my child, _____, while attending Common Ground events. I understand

Common Ground will try to contact me in case of an emergency, but will seek immediate medical attention when needed.

Insurance Company: _____

Policy #: _____ Group #: _____ Plan ID#: _____

Primary Family Physician's Name: _____ Phone: _____

Parent Signature: _____ Date _____

Parent Signature: _____ Date _____

Student Signature: _____ Date _____