

CONSENT/COVENANT FORM

**St. Olaf Lutheran Church
W 653 Roosevelt Road
Rubicon, WI 53078
920/474-7042**

This form is to be completed by any young person attending an activity sponsored by St. Olaf’s when the location is not on church property.

Please print or write clearly:

EVENT TITLE: _____

EVENT DATE: _____

YOUTH NAME: _____

PRESENT GRADE: _____ **BIRTHDATE:** _____ **M** ___ **F** ___

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

CELL PHONE (Mother): _____

(Father): _____

WORK PHONE (if needed) _____

OTHER CONTACT NAME: _____

PHONE: _____

ANY ALLERGIES OR MEDICAL INFO WE NEED TO BE AWARE OF:

YOUTH AND PARENT COVENANT:

- I hereby give permission for my son/daughter to attend and participate in this activity sponsored by St. Olaf Lutheran Church.
- I authorize an adult, in whose care my child has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, or hospital care, to be rendered to him/her under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, in the event I am unable to be reached. I will be liable and agree to pay all costs and expenses incurred in connection with such emergency medical and dental services rendered to the above named youth pursuant to this authorization.
- I hereby give permission for my child to ride in any vehicle designated by the adult in whose care he/she has been entrusted while attending and participating in this event. Licensed drivers will be at least 21 years of age and consent to a background check.
- I understand the general guidelines of behavior. My child must respect and obey the instructions of the adult(s) in charge. NO alcohol, illegal drugs, or sexual misconduct will be permitted at the event. My child will behave in a manner consistent with our Christian faith, refraining from foul language, disruptive behavior and excessive rowdiness. All peers and adult volunteers will be treated with respect and kindness.
- Failure to conduct oneself in agreement with this covenant may result in expulsion for the activity. I will assume all transportation costs for my child’s return home if problems occur during this event. I will take no civil action against the adult(s) in charge of the event of St. Olaf’s for normal care of my child during this event or for expulsion for non-compliance of this covenant.
- My child understands that he/she is to never go anywhere alone and will participate in all activities to the best of his/her ability.
- I have discussed these guidelines with my child.

We have read the above covenant and agree to adhere to the guidelines established.

If youth is under 18 years of age, parent or guardian signature is required.

YOUTH SIGNATURE: _____ **DATE:** _____

PARENT/LEGAL GUARDIAN: _____ **DATE:** _____