

Mosinee Youth Outreach will be going to:

_____ The bus will leave at: _____
and return by: _____. The fee will be: _____ which
includes _____.

All participants of this trip will need to have permission and emergency slips filled out, as well as the covenant below signed by you and your guardian. See front and back of this form.

Guardian Permission

Youth Name _____ has my permission to attend this event.

Signed guardian _____ Date _____

Behavior Covenant:

I will not have or use in alcohol, drug, or tobacco products.

I will not leave the area we are at without notifying Carmen.

I will treat every one with respect.

I will treat the bus and all property with respect.

If I break the above covenant, my parents will be called and they will have to pick me up, or we will escort you home for a \$25.00 fee.

This can occur anytime during any trip. You can also be asked to leave the MYO Center if the above covenant is not kept.

Youth Signature _____ Date _____

Parent Signature _____ Date _____

Please Sign Emergency Release Form as well.

Mosinee Youth Outreach

*Release Form

Guardian Name- _____

Print Youth Name _____

As a parent/ Guardian of above minor youth and participant in the above program, I do hereby release, forever discharge and agree to hold harmless MYO, and the directors/ pastors/ volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

This release covers transportation provided by MYO-UMC and its representatives who are properly licensed to drive in the state of Wisconsin: And meetings on the Mosinee Youth Outreach site or any other site during programs and activities: And refreshments, purchased or homemade that will be served at above program: And Consent for emergency Medical or Dental Treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agrees to pay for all costs and expenses. **Please write below* any allergies, or medical problems, or medications.**

This Liability Release Form will remain in effect as long as the named minor child/ youth is a participant in the program, or the child/youth reaches adulthood at 18.

Medical Information

Insurance Co. _____ Home Phone _____

Name of Insured _____ Cell Phone _____

Policy # _____ Work Phone _____

Physician _____ Emergency Phone# _____

Parents Name/Guardian _____

I have read the above and understand the information:

Signature of parent/guardian

Date

*Allergy information: _____