



# Youth Venture

## General Permission Slip / Medical & Liability Release Form

### Location(s) Youth Will Primarily Attend:

- El Cajon (Broadway)** --- 277 Broadway Ave; (619) 442-8007
- Alpine** ----- 2153 Arnold Way, Alpine (619) 659-5088
- Santee**----- 10251 Mast Blvd; (619) 258-9606
- Lakeside** -----12169 Woodside Ave SUITE- E; (619) 390-8007
- El Cajon (South)** ----- 1080 Estes St.; (619) 258-9606

**PARENT / LEGAL GUARDIAN:  
COMPLETE & SIGN THIS FORM  
PLEASE WRITE NEATLY**

### Youth's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent's Information:

Full Name(s): \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
 \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 \_\_\_\_\_

### Permission Consent:

I (We) give permission for my (our) above named minor to become a member of Youth Venture and complete the Youth Venture mentorship lessons with an authorized mentor.

I (We) understand that the requirement of membership is to complete the *Youth Venture Junior Varsity Course*, which is the first three of twelve one-on-one mentorship lessons that are based on Biblical principles of personal value, value of others, etc. The lessons and all other program information are available for my (our) review at Youth Venture Centers.

I (We) understand that my (our) child will always be under adult supervision while inside the Youth Venture Center(s) or at Foothills Christian Church campus (350 Cypress Lane Suite B, El Cajon (619) 442-7728), but that Youth Venture and/or Foothills Christian Church assumes no responsibility to monitor the minor outside of the confines of the building(s).

I (We) understand that all of the adults working with Youth Venture are volunteers and that any assistance, tutoring, or counsel they may offer is not intended to replace any needed professional help.

### Skate Park / BMX Permission Consent:

I (We) give permission for my (our) above named minor to use the skate park and/or the BMX track located at the El Cajon (Broadway) center. Helmets are required.

Skate Park:  YES  NO

BMX Track  YES  NO

### Medical Emergency & Release of Liability:

I do hereby release, forever discharge and agree to hold harmless Youth Venture and/or Foothills Christian Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whosoever which may be incurred by the undersigned and the participant that occur while said person is participating in trips or activities including recreation and work activities. I further consent to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said teen center/church, its directors, employees and agents for any acts malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

I (We) do hereby release any licensed physician and /or medical provider from any liability in the proper treatment of my (our) minor. Furthermore, I (We) authorize the treatment of my (our) minor and agree to pay all reasonable medical costs.

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone # \_\_\_\_\_  
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Important Medical Information (allergies, current medications, etc.)

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**Emergency Contact Info:** In case of emergency, if parent(s) cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_ Home#: \_\_\_\_\_

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**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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