YOUTH VENTURE

General Permission Slip
Medical & Liability Release Form

Office Use Only
Member #:
Member Card: ☐
Date:

Parent/Guardian must fill out all items completely

- ☐ El Cajon (Broadway) Youth Venture – 277 Broadway Ave. El Cajon, CA 92021 (619) 442-8007
- ☐ Santee Youth Venture ---------- 9616 Carlton Hills Blvd, Santee, CA 92071 (619) 258-9606
- ☐ Lakeside Youth Venture ---------- 9838 Channel Road, Lakeside, CA 92040 (619) 390-8007
- ☐ El Cajon (South) Youth Venture ---------- 1080 Estes St., El Cajon, CA 92020 (619) 442-9550

Youth Name:_____ **Home Phone: (_____)**_____

Address:_____ **City:**_____ **Zip Code:** _____

School:_____ **Grade:**_____ **Date of Birth:** ____/____/_____

I, (We,) give permission for my (our) above named minor to become a member of Youth Venture. I (We) understand that the requirement of membership is to complete the *Youth Venture Junior Varsity Course*, which consists of 3 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. ----------→ ☐ **(initials)**

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 (365 W. Bradley Avenue, El Cajon (619) 442-7728/442-1467), but that Youth Venture and/or FCF assumes no responsibility to monitor the minor outside of the confines of the building(s). ----------→ ☐ **(initials)**

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. ----------→ ☐ **(initials)**

Release of Liability:

I do hereby release, forever discharge and agree to hold harmless Youth Venture and/or Foothills Christian Fellowship 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. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. ----------→ ☐ **(initials)**

Medical Emergency & Release:

The undersigned further consents 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. ----------→ ☐ **(initials)**

Medical Insurance Company _____ **Policy #**_____

Physician's name_____ **Phone #** (____)_____

Important Medical Information (allergies, current medications, etc.) _____

_____

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. --→ ☐ **(initials)**

Emergency contact(s): In case of emergency, contact:

Name: _____ **Relationship to minor:** _____**Work #: (____)**_____ **Home#: (____)**_____

Other contacts we should know about: _____

Parent(s) or Legal Guardian Signature(s) and Name(s):

Full Name (print):_____ **Relationship to Minor:** _____

Signature: _____ **Date:** _____