Student Information

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Information Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We grant permission for the above named student(s) to participate in any or all of the trips included in the children’s/youth program of OAKS CYG from August 2023-July 2024.

**Transportation**—I/We further acknowledge that transportation may be provided at the discretion of OAKS CYG in such form as is approved by the pastors and/or children’s/youth leaders.

**Emergency**—In the event of an emergency and medical treatment is required, I/We give permission to the church staff and/or person in charge to obtain services for treatment as deemed necessary.

**Activity Risks**—I/We acknowledge that my child's participation in activities and games entail known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. The risks include, among other things, certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. I/We agree and promise to accept and assume all of the risks existing in this activity. My child’s participation in this activity is purely voluntary, and I elect to allow them to participate in spite of the risks. Activities the child may participate in are available upon request. **Indemnify and Hold Harmless**—I/We hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless Oaks CYG, Mehama Community Church, Canyon Bible Fellowship, Santiam Chapel and the Old School Community & Youth Center from any and all claims, demands, or causes of action, which are in any way connected with my or my child's participation in activities, facilities and equipment, including any such claims which allege negligent acts or omissions of Oaks CYG.

**Photo Release**—Oaks CYG may be taking pictures to update the church website and other promotional/informational media. By not checking the box below, I am giving my permission to have photos taken of my child. Names and personal information will not be posted unless approved by the parent/ guardian.

**Communication**—I/We acknowledge that communication between Oaks CYG staff and my child will take place both orally and written as well as utilizing communication tools including, but not limited to, email, text messages, Facebook, Twitter, Instagram, and other social media platforms. By not checking the box below, I am giving my permission to communicate with my child using the communication tools mentioned.

□NO, please DO NOT take or use any photos of my child. □NO, please DO NOT communicate with my child using the above mentioned communication tools. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Policy Number