

PERMISSION TO PARTICIPATE IN ACTIVITIES
2016 - 2017
RC ACTIVITIES, INC.

1. **CHILD'S NAME:** _____ **CHILD'S BIRTHDATE:** _____ **GRADE IN SCHOOL:** _____

2. **NATURE AND DURATION OF ACTIVITIES:** _____

3. **ACTIVITY SUPERVISOR(S):** _____

4. **TRANSPORTATION:** _____

5. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a one-on-one conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).

6. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.

7. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.

8. **AUTHORIZATION:** I/We hereby authorize RC Activities, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by RC Activities, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of RC Activities, Inc., or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

9. **INSURANCE:** I/We understand that RC Activities, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

10. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____ Allergies / Medical Problems: _____

11. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parents/ Guardians Contact Information

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

