

Church Name: \_\_\_\_\_ Pastor Name: \_\_\_\_\_

# YOUTH/KIDS/PRE-SCHOOL CLAM Permission Form

***This form MUST be completed for every teen/child wishing to participate in CLAM activities (Including Flag Football, Basketball, Volleyball, and Dodgeball for the teens). Please attach this form to your church's registration form.***

Teen/Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_M \_\_\_F

Participant attending (please circle one) YOUTH CLAM KIDS' CLAM PRE-SCHOOL CLAM

**Participant will ride the bus from ADULT CLAM to Youth/Kids' CLAM venue. \_\_\_Yes \_\_\_No**  
***If yes, be sure to be at ADULT CLAM site no later than 8:30 a.m.***

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship to Participant:** \_\_\_\_\_

Any allergies: \_\_\_Yes \_\_\_No If yes, please list: \_\_\_\_\_

Any physical/dietary restrictions: \_\_\_\_\_

Parent/Guardian attending (please circle one) ADULT YOUTH KIDS' PRE-SCHOOL CLAM

***NOTE: Parent/Guardian MUST attend Adult CLAM if child is registered for Pre-School CLAM.***

Name of Escort/Chaperone from your Church (Kids' CLAM and Youth only) \_\_\_\_\_

## Liability/Medical Release ~ Release of All Claims

We, the parents/guardians of \_\_\_\_\_ (TEEN/CHILD'S name) do release and agree to hold harmless the Penn-Jersey District of The Wesleyan Church, the Bethany Wesleyan Church of Cherryville, and the director and staff of YOUTH CLAM; Trinity Wesleyan Church of Allentown, PA and the director and staff of KIDS' CLAM; Faith Evangelical Free Church of Allentown, PA and the director and staff of PRE-SCHOOL CLAM from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and teen/child-participant that occur while the teen is participating in the above named convention.

We, on the behalf of our teen/child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved.

Authorization and permission are given to said director/staff to furnish any necessary transportation and food for our teen/child participant.

We, as parents/legal guardians of the teen/child-participant, give our permission for him/her to participate fully in the YOUTH CLAM/KIDS' CLAM/PRE-SCHOOL CLAM Convention. We give our permission to take said participant to a doctor or hospital and authorize medical treatment and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible, but in the event that we cannot be reached, the director/staff may choose a reputable physician.

\_\_\_\_\_  
Name of Teen/Child

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date