# REGIONAL YOUTH COUNCIL

## CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN ILLINOIS AND WISCONSIN

### PARENTAL CONSENT FORM

***This section must be completed and signed by a parent or guardian named on the RYC Application.***

You can complete this application online at http://www.cciwdisciples.org/ryc. If your child is completing the application on paper, please make sure this form is included. This form covers the following RYC events: Leadership or Planning Retreats, Midwinter Retreat, Regional Assembly, Summit, all RYC Overnight and One-day Meetings, Mission Trips.

Contact Pastor Eli via email eli@cciwdisciples.org or by texting/calling (708) 730-4059 with any questions.

**Please check all that apply:**

- ☐ I understand that in the event of an emergency and medical treatment is needed, every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as needed.
- ☐ I understand my insurance will be used as primary coverage in the event medical treatment is needed.
- ☐ I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during RYC related events to be used, distributed, or shown as the CCIW sees fit.
- ☐ I understand all reasonable safety precautions will be taken by the CCIW and its agents during the event and/or activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the CCIW, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.
- ☐ I hereby give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in this event and/or activities sponsored by the CCIW
- ☐ I understand that RYC adults and other Regional Staff might be in communication with RYC youth via email, phone, text, or social media. Adults will follow established policies and best practices when communicating with youth.

I have read the above information and I agree to its terms and conditions. Furthermore, should it be necessary for my child to return home due to medical, disciplinary, or otherwise, I hereby assume all transportation costs.

_____ _____

Parent or Guardian's Full Name (Print) Emergency Phone Number

_____ _____

Insurance Company Policy Number

_____ _____

Physician's Name Physician's Phone Number

List any allergies or medical conditions that may be relevant to a physician in the event of a medical emergency:

_____ _____

Parent or Guardian's Signature Date