

Activity Permission for Jr. High Caving Trip

- A. **Activity: Junior High Caving Trip to Franklin, W.VA., (Pendleton County)**
Activity Date: Saturday and Sunday, Sept. 6 and 7, 2008
- B. Activity Location: Franklin, W.Va., (Pendleton County, W.VA.)
Meet at CLUUC at 7:00 a.m. Saturday, Sept. 6, 2008; depart Church shortly thereafter
Expected Return to Cedar Lane Church about 5:30 pm Sunday, Sept. 7, 2008.
Estimated Cost: See Flyer for cost; Participants should bring spending money for meals/snacks.

C. My son/daughter _____ has my permission to participate in the above activity under Cedar Lane Unitarian Universalist Church (CLUUC) supervision on the scheduled date(s), with the understanding that CLUUC will assure that the activity is properly supervised. I hereby relieve CLUUC, the leadership thereof, and the persons conducting this activity of any liability in connection with my son/daughter's participation in this activity.

D. In the event of an accident, I understand that an attempt will be made to contact me at _____ (home and cell phone). In case I cannot be reached, I have arranged for _____ (name and phone of relative or friend) to be an "emergency contact". If the emergency contact or I cannot be reached in time, I hereby authorize the administration of emergency medical aid to my son/daughter. In emergencies requiring immediate medical attention, my child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. My signature authorizes the responsible person from Cedar Lane Unitarian Church conducting this activity to have my child transported to that hospital. I agree to accept financial responsibility for any and all emergency medical care so provided. I also authorize the CLUUC trip supervisors to administer to my son/daughter the medications, if any, listed below on this form.

Child/Youth's Physician: _____ Phone _____

Signature of Parent/Guardian Date

E. Please note any allergies generally or to medicine, special medication, physical needs, or other medical problems. Also listed are medications that should be administered to my son/daughter (use back of form if needed):

F. I have read the Safety Guidelines for Children and Youth and understand the rules and the consequences of infractions. (Additional copies are available in the R.E. office.)

G. I give permission for photos of my child that may be made on the trip to be used on the Youth Group website and Cedar Lane publications without identifying names.

Signature of Parent/Guardian Date

Signature of Child/Youth Date

H. Insurance Carrier: _____ Policy No. _____

Name of Insured: _____