## LIVING SAVIOUR LUTHERAN CHURCH



6817 Carmel Road Charlotte, NC 28226 Phone: 704-542-3626 Fax: 704-544-1642 Islc@livingsaviourlc.org www.lslc-elca.org

activity and my parents having to come and take me home.

Original-LSLC office

Youth Participant's Signature:

## Permission Slip Assumption of Risk Waiver and Release Form Youth Covenant Grades (6-12)

## YOUTH MINISTRIES ARE . . .

Youth and adults working together so that youth might grow and participate in their baptismal relationships with their Lord, themselves, and the world through the means of grace and the congregation's ministries.

Lutheran Youth of North Carolina (LYNC) is Living Saviour's youth group where every young person (and friend) is welcome! LYNC is a means for our children to grow as individuals, personally and spiritually, while exploring ideas, values, and faith within the context of a safe, supportive, caring Christian community of peers and adults.

The purpose of LYNC is to provide a variety of opportunities and experiences to draw youth into active, responsible participation in the life, mission, and work of the faith community.

Our hope is that LYNC will enable youth to reach their full God-created potential! Youth ministry is more than programs, events, and service projects. It is about building our relationship with our living Savior, Jesus Christ, and inviting Him into every area in life.

on date Duration at (location)	on or Activity	
at (location)		
We will meet at Living Saviour (LSLC) at Mode of transportation	We will return to LSLC at	
Adults accompanying group and their cell phor	ne numbers:	
Adult Leader	Cell	S/he will be driving: Y or N
Name	Cell	S/he will be driving: Y or N S/he will be driving: Y or N
Name	Cell	S/he will be driving: Y or N S/he will be driving: Y or N
Name	Cell	S/he will be driving: Y or N
* * * * * Please print legibly and in blue or black ink an		
Name of participating child:	•	
Date(s) of Activity/Trip:		
Destination:		
Activity Description:		
Means of Transportation:		
I, parent/g	guardian of	give my child permission to partici-
pate in all activities of Living Saviour Lutheran Church (	_SLC) on the above dates.	
In the event of an emergency, please contact	(Relatio	nship:) at home tele- Form and Consent to Seek Treatment" that the church has on
file and which the Adult Leader is carrying a copy of dur the parent's responsibility to complete and sign before a	ing the activity for information about my	child's pediatrician and health. (If it is not on file or updated, it is
	one or more of the following opportuniti	ation, and the purpose of this activity aligns with ELCA's mission ies: belonging, celebrating, serving, witnessing, developing lead-
against Living Saviour Lutheran Church and its employ	rees, volunteers, representatives, succe activity my child is participating in. I here	child, heirs, administrators and assigns all claims for damages ssors, assigns and all others associated with said church for all eby hold the above church and its employees, volunteers, repremay arise out of or result from such participation.
I have carefully read the above agreement and the You	h Covenant below and understand its co	ontents.
Parent/Guardian's Signature:	Da	ate:
wholeheartedly participate in these activities. I will trea manner. Additionally, I will communicate concerns to the	t each member, and others, with love ar ne adult leaders. I will respect other peo	le group. I commit myself to being part of the total group and will not respect, and I promise I will conduct myself in a Christian-like ple's property. I will follow the instructions of adult leaders and at all times and will let the adult leaders/chaperones know where

I am. I will not take part in using any controlled substances, flammables, or sexual misconduct. I understand that breaking any aspect of this covenant will result in a call to my parents/guardians, and a meeting of LSLC staff and advisors will determine a course of action, such as not being allowed to stay at the

Copy-Adult Leader

Copies—Drivers/Chaperones