

C5Youth - United Methodist Youth Fellowship

LITTLE RIVER UNITED METHODIST CHURCH

Permission to participate, Authorization for Transportation and Medical Treatment, and Photo Release for

C5Youth - United Methodist Church Youth Fellowship - September 2017 through 2018

Student Name (last/first/MI) _____ Age _____

Date of Birth _____ Sex _____ Student's Grade Current School Year _____

Parent or Guardian _____

Home Phone _____ Cell Phone _____ text? y/n _____

Home Address _____

Parent or Guardian Email _____

Second Parent/Guardian _____ Phone _____

If not available in an Emergency, notify:

Name _____ Phone _____

Address _____

HEALTH CONCERNS

ALLERGIES (Food & Other) _____

RESTRICTION ON PARTICIPATION _____

MEDICATIONS _____

Please note any other health/medical concerns _____

Family Physician _____ Phone _____

INSURANCE INFORMATION

Company _____ Phone _____

Policy Number _____ Phone _____

I give permission for my child to attend and participate in events sponsored and endorsed by LRUMC C5Youth UMYF. This involves permission to participate in all events and a release of all claims and authorization for medical treatment. I hereby assume all risks and hazards incidental to such participation including transportation to and from the activities. I hereby release and agree to hold harmless, Little River United Methodist Church, together with its agents and employees from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Little River United Methodist Church for all personal injuries, loss or damage, known or unknown, which my child may incur by participating in events.

In the event of an emergency occurring while my son/daughter is on a church sponsored trip, I hereby grant permission to the church and/or its representatives to take whatever action deemed necessary. In the event I cannot be reached, I hereby authorize the church and/or representatives to give consent for my son/daughter to receive medical treatment.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with the knowledge of its significance. The undersigned further agrees to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital, or medication.

By signing, I also give permission for pictures of C5Youth UMYF activities that may include my child to be published on the church website, social media or other church publications.

Parent/Guardian Signature _____ Date _____