

YOUTH ACTIVITIES CONSENT FORM

(please print clearly)

Name of youth _____ Birth date _____
Name of parent(s) or guardian(s) _____
Address _____
Parent cell telephone _____ Youth Cell phone _____
Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Is there any medical conditions for which we need to be aware? _____

Is the medicine we need to administer? _____

Do we have permission to administer aspirin, advil or tylenol? _____

Family Doctor: _____ Doctor's Telephone: _____

Insurance Co.: _____ Policy No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Rock Springs United Methodist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: Mark Adcox, Dawn Adcox, or another adult chaperone designated by the youth pastor.

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Rock Springs UMC will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Dated this _____ day of _____, 20____ in the State of _____ County of _____

I, _____, being the parent / legal guardian of _____ give my permission for him/her to participate in church sponsored activities.

Parent / Guardian's Signature _____ Relationship: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

This document was acknowledged before me on _____ [date]

by _____ [name of principal].

[Notary Seal, if any]: _____

Signed: _____

Notary Public for the State of _____

My commission expires: _____

THIS FORM IS VALID FOR ALL YOUTH ACTIVITIES BETWEEN THE DATES OF:

January 1 – December 31, _____

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TRANSPORTATION RELEASE

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle

Parent Initial _____

DISCIPLINE RELEASE

In the event of misconduct, I authorize the staff to send my student home at my expense.

Parent Initial _____

PERSONAL BELONGINGS RELEASE

I realize that the church or its sponsors are not responsible for personal belongings.

Initial _____ (all persons)

PHOTO RELEASE

I hereby grant Rock Spring UMC permission to use photographs in which I appear in any and all publications, including website entries, without payment or any other consideration.

Initial _____ (all persons)

GENERAL RELEASE

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of Rock Springs UMC. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Youth

Date

Signature of Parent

Date