

Youth Activity and Medical Release (2015)

* Please note that both sides must be completed.

Today's Date: _____

Name of Youth (First, Middle, Last)	Date of Birth	Age:

Please list all medical conditions limiting child's activities (i.e. food allergies, medication allergies, and physical limitations.)

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Youth's Grade (09/2015):	Youth's School Name (09/2015)

Is your youth baptized? (Circle) Yes No

Is your youth Confirmed? (Circle) Yes No

Home Address (Street, City, Zip)

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Parent/Guardian 1 Information:

Name Email Address Cell Phone (please include area code)

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Home Address (Street, City, Zip) Check if same as child's

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Parent/Guardian 2 Information:

Name Email Address Cell Phone (please include area code)

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Home Address (Street, City, Zip) Check if same as child's

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Emergency Contact Information:

Name Email Address Cell Phone (please include area code)

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Relation to Youth

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Pick-Up arrangements: Please list all adults that we may release your youth to. (First/Last Name)

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Please turn over _____

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Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group#: _____ Policy#: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____) _____

The student named above has my consent to participate in the youth ministry of the United Methodist Church of Vista (UMCV) and any organization that is utilized by UMCV in a youth activity. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the activities of UMCV's Youth Ministry. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian and signature

Date

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Photo Release

I am aware that photographs or video may be taken of United Methodist Church of Vista (UMCV) Children's Ministry participants during events, activities, and classes by UMCV volunteers and staff members, professional volunteers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve of publications that contain photographs of my child.

I release UMCV and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I give UMCV and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertisements and editorial purposes. This may include but is not to newsletters both print and email, posters, brochures, ads, post cards, and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

Yes, I agree to the above stated photo release.

No, I do not agree to above stated photo release.

Parent/Guardian and signature

Date

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