



Central United Methodist Church

428 S. College Ave. Salem, Va. 24153
(540) 389-2933 www.central-umc.org
Email: office@central-umc.org

Youth Participation Form

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

HOME/CELL PHONE _____ SCHOOL _____ GRADE _____

EMAIL ADDRESS _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):

_____ (“Participant”), to attend and participate in Central United Methodist Church or Virginia Conference UMC children or youth ministry activities, events, and retreats during the period of **June 2010 – June 2011**.

LIABILITY RELEASE: In consideration of Central United Methodist Church allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Central United Methodist Church, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Central United Methodist Church. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO/MEDIA RELEASE: We give permission for photos or electronic images of our (my) child or youth to be used in the church publications, multimedia presentations, in future promotions, and on the Central UMC web site.

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Please fill out the following information:

My child is on the following medication(s)

My child has the following allergies

Date of last Tetanus Shot:

Family Physician's name:

Phone:

Please provide any other information that the Leaders or Sponsors should know:

CONTACT INFORMATION

In case of emergency I/we can be contacted at

phone numbers

If I cannot be reached, please contact the following person:

Name

Relationship to Youth

Phone Number

Cell Phone

Medical Insurance: YES _____ NO _____ Insurance Company: _____

Policy/Group ID#: _____

The undersigned grant Liability Release, Medical Treatment Permission, Transportation Permission, Early Return Home Policy agreement, and Photo/Image Release (as outlined on both sides of this document):

Parent/Guardian Signatures _____ / _____ Date _____