

Dulin United Methodist Church Youth Form 2018/2019

Youth's Name _____

Nickname _____

Date of Birth (mm/dd/yy) _____ Grade - School Year 2018-2019 _____

Name of School for 2018-2019 _____

Allergies/Medical Information:

Other concerns:

Parent's Name _____

Address _____

City, State ZIP _____

Home Telephone _____ Cell _____

E-Mail _____

Name(s) of person(s) who may pick this youth up from activities:

I grant permission for my youth to drive or walk on their own from youth activities.

Yes No

Emergency Contact: (other than parent)

Name _____ Phone _____

Are you willing to help with Sunday School or other youth activities? Yes No

Photo Release

- I grant permission for photos or videos to be taken of my youth during the 2018-2019 year to be used in print or online for the purpose of promoting the ministries of Dulin Church.
- I do not grant permission for photos or videos of my youth to be taken.

□

2018-2019 Permission Form

I, the undersigned, certify that I am the parent/legal guardian of _____
(youth name, hereafter "minor child").

I hereby give my consent to have my minor child participate in the activities with Dulin United Methodist Church Youth for the 2018-2019 year.

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release Dulin United Methodist Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Dulin United Methodist Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in activities.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian signature: _____

Date: _____

For Office Use Only	PR	App_____	Napp_____
SafeChurch_____	Dulin Policy	_____	