

South United Methodist Church Youth Ministries

Address: 1226 Main St. Manchester, CT 06040; Phone #: 860-647-9141

2019-2020 Medical/Liability Release

Name: _____ Date of Birth: ____/____/____

Home Address: _____

Phone Number: _____

Date of Last Tetanus Shot: ____/____/____

Known Allergies: _____

Current Medical Conditions: _____

Liability/Medical Release (Valid through September 30, 2020)

I, the undersigned, am a parent or legal guardian having legal custody of the above named participant, a minor, and I have given my consent for him/her to attend Youth Group and any additional Youth Ministry events, both at South United Methodist Church and away from the church at a South United Methodist Church event. I give permission for my child, _____, to ride in a car with a licensed, insured driver designated by South United Methodist Church.

In the unlikely event that he/she is injured while attending any Youth Group or South United Methodist Church affiliated events, and requires the attention of a doctor or other medical professional, I consent to any reasonable medical treatment deemed necessary by a licensed medical professional. In the event that treatment is called for, which any medical professional refuses to administer without my consent, I hereby authorize **the appointed leader of South United Methodist Church** to give such consent for me if I cannot be reached by telephone at one of the numbers listed below, or because of an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for **the appointed leader of South United Methodist Church** to give consent for me, I agree to hold him/her free and harmless of any claims, demands or suits for damage arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of the care not be reimbursed by the health insurance carrier. Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force for the participant named above during their participation in South United Methodist Church Events.

I also give permission for South United Methodist Church to take photographs and videos of my child participating in events and to use their image for church related use, **including the South UMC Youth Closed Facebook Group, unless I initial here** indicating that I do not give consent for the use of my child's image.

Health Insurance: Carrier: _____ Policy Number: _____

Subscriber Name: _____ Group Number: _____

Parent/Guardian: Print: _____

Signature: _____ Date: ____/____/____

Preferred Phone Number: _____

Additional Phone Number: _____

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2019-2020 Youth & Parent Contact Information

Youth Participant Information

Name: _____ Nickname(s): _____

Date of Birth: ____ / ____ / ____ Grade: ____ School: _____

Cell Phone #: _____ E-mail: _____

Home Address: _____

Interests: _____

Favorite Candy: _____ Favorite Beverage: _____

Allergies (& Treatment if Applicable): _____

Additional Info: _____

Parent/Guardian Information

Youth Lives With: Father Mother Guardian Other _____

Parent/Guardian 1

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Preferred #

Cell Phone: _____ Preferred #

E-mail: _____ Are you willing to be added to our Facebook Group?

Parent/Guardian 2

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Preferred #

Cell Phone: _____ Preferred #

E-mail: _____ Are you willing to be added to our Facebook Group?