



OFFICE USE ONLY

Date Received: _____

Medical Release and Permission Form YOUTH MINISTRIES 2011-2012

PERSONAL INFORMATION

Name _____ Birth Date _____

Home Address _____

Home Phone (_____) _____ Email _____

Parent(s)' Name _____ Emergency Contact _____

Parent(s)' Email _____ Relationship to Youth _____

Other Phone (_____) _____ Emer. Contact Phone (_____) _____

Please list any known allergies, regular medications, or special needs _____

INSURANCE INFORMATION

Company Name _____

Company Address _____

Company Phone (_____) _____

Policy Holder Name _____

Policy Number _____

I hereby give my permission for _____ to participate in any activity with the Youth Ministry of Mt. Pisgah United Methodist Church between July of 2011 and July of 2012. I also give my permission for my child to be treated by competent medical personnel as a result of any accident or medical emergency while involved in these activities. These activities include retreats, outreach activities, Confirmation trips, and other miscellaneous outings.

Signature of Parent or Guardian Date _____

PHOTO CONSENT

Please check one of the following:

____ **I DO** give permission for my child to be photographed and/or videotaped for the Mt. Pisgah and Whobody web sites, newspaper articles written about various outreach projects, and the Stem-Winder newsletter.

____ **I DO NOT** give permission for my child to be photographed and/or videotaped.

Signature of Parent or Guardian

(Please continue on back of form)

BEHAVIOR STATEMENT

I understand that the Youth Ministry of Mt. Pisgah United Methodist Church is for the Christian nurture and growth of every individual in attendance, and all instructions are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco, nor alcohol, nor illegal drugs. I will not bring weapons of any sort. I will attend all aspects of the ministry activities. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! I will observe the curfews set by my leaders. I will wear clothing appropriate for a Christian activity, including modest shorts, tops, and bathing suits. I will only use electronic equipment such as cell phones, IPODs, mp3 players and the like at appropriate times, with permission.

I recognize that willful failure to comply with the expectations or instructions of the Youth Ministry of Mt. Pisgah United Methodist Church can cause serious problems, and upon consultation with event staff, church staff, and adult volunteer leaders, may result in immediate contact of my parents to make arrangements for me to be returned home at my parents' expense.

I have read the above paragraphs and I agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

Signature of participant _____

Signature of parent _____