

# St. Paul's United Methodist Church - YOUTH RELEASE FORM

(This release will be used from June 2010 /May 2011)

We, \_\_\_\_\_, parent(s) of \_\_\_\_\_ minor(s), jointly and severally as parents(s) and guardian(s) of the minor child(ren), release and discharge and agree to hold harmless and indemnify the St. Paul's United Methodist Church (SPUMC), its agents, employees, and all persons connected therewith from any and all liability, claims and causes of action of any type whatsoever arising out of, or in any way connected with said child's participation in the activities of the St. Paul's United Methodist Church. I understand my child(ren)/youth may not participate in the activities of St. Paul's United Methodist Church unless I sign this release form.

We further give our permission of our child(ren) to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of St. Paul's United Methodist Church.

By registering or participating in any SPUMC group, activity or event, the parent/guardian is giving permission for the participant's photo to be used in SPUMC publications, print or online, unless SPUMC is given a written request from the parent/guardian to the contrary.

I have read and fully understand this release. Date: \_\_\_\_\_

Signature/Relationship \_\_\_\_\_ Signature/Relationship \_\_\_\_\_  
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Full Name _____ First Middle Last	Birth Date _____	Age/Grade _____/ (as of September 2010)
Medicine youth can <b>not</b> take _____ Allergies _____		
Special health problems/concerns _____		

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Special health problems/concerns _____		

*In an urgent situation that we need to notify everyone quickly, it is possible to text message a large group of people simultaneously. All parents providing their cell phone number and provider (i.e., Sprint, Verizon, etc.), may be contacted using text message of late cancellations or changes. This would only be used for changes or cancellations the same day of an event, when contacting everyone by phone or email would be difficult.*

Father's Name \_\_\_\_\_ Father's Work # \_\_\_\_\_

Father's Cellular Phone # \_\_\_\_\_ Cell Provider \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Mother's Cellular Phone # \_\_\_\_\_ Cell Provider \_\_\_\_\_

Primary Contact email \_\_\_\_\_ Youth email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street City ZIP

Name of another authorized person in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Contract # \_\_\_\_\_ Phone # \_\_\_\_\_