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

(This release will be used from June 2011 /May 2012)

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

* *

Full Name ____ Birth Date________________ Age/Grade ______/_______
First Middle Last (as of September 2011)

Medicine youth can **not** take ___________________________________ Allergies ___________________________________

Special health problems/concerns____

Full Name ____ Birth Date________________ Age/Grade ______/_______
First Middle Last (as of September 2011)

Medicine youth can **not** take ___________________________________ Allergies ___________________________________

Special health problems/concerns____

Full Name ____ Birth Date________________ Age/Grade ______/_______
First Middle Last (as of September 2011)

Medicine youth can **not** take ___________________________________ Allergies ___________________________________

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 # _________________