

# Tuscumbia First United Methodist Church Youth Group



## Permission/Waiver Form

Name of Child (please print) \_\_\_\_\_

Parent(s) and/or legal guardian(s) of child participant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School \_\_\_\_\_

### Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Tuscumbia First U.M.C.** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release **T.F.U.M.C.** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **T.F.U.M.C.** or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **T.F.U.M.C.** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

### First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **T.F.U.M.C.** to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

### Events and Field Trips

I understand that the child named above will be participating in Youth Events during the 2018-2019 year.

**Health Insurance Information**

Medical Doctor \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_) \_\_\_\_\_

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Swimming Ability**

\_\_\_ Non-swimmer                      \_\_\_ Beginner (capable of swimming for several minutes in deep water)

\_\_\_ Moderate (capable of swimming several lengths of pool)

\_\_\_ Advanced (capable of swimming long distances)

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Other Information**

Other information leaders should know about the child or adult participant:

\_\_\_\_\_

**For Use Only if the Participant is a Minor**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of **T.F.U.M.C.**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **T.F.U.M.C.**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

## **CrossTraining Youth Ministry Covenant**

In signing this covenant, I agree to live by the following guidelines listed below during any youth activity or event in order to glorify Christ in all that I do and represent Him to others.

- Be responsible for my own behavior and participate fully in all scheduled activities of any event, including staying with the group at all times, and abide by group decisions made during the event.
- Respect and obey the authority of all adults present at a youth activity or event.
- Respect the physical and emotional well-being of other youth and adults, including respecting the need for sleep and refraining from harmful practical jokes.
- Respect the privacy of other youth and adults by not entering the rooms of the opposite sex and acting appropriately, including no public displays of affection (PDA).
- Respect the property and rules of any place where a youth activity or event takes place.
- Respect the health and well-being of my own body by not possessing or using drugs, tobacco, or alcohol; bringing fireworks, knives, or weapons of any kind; and by dressing modestly (one-piece or modest tankini swimsuits for girls, no short-shorts or mini-skirts, and no bare stomachs).
- All prescription medicine must be disclosed and must be given to a designated counselor who will distribute it and supervise the youth taking the medicine.
- Behave appropriately with electronic devices by not viewing or listening to inappropriate media; not using your device during worship, teaching, or any other inappropriate time.
- Please do not bring anything extremely valuable or expensive. You are responsible for any lost, stolen, or broken items.

I understand that the purpose of this covenant is to allow for the well-being and safety of myself and others. I agree to the following consequences of not following these guidelines and understand that it is the supervising adult's discretion as to how serious my offense is:

1st In the event of repeated offenses, criminal behavior, or dangerous behavior a phone call to your parents and/or a request to come and take you home may be merited.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date