

# YOUTH ACTIVITIES CONSENT FORM

Name of youth \_\_\_\_\_ Birth date \_\_\_\_\_  
Name of parent(s) or guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Home telephone \_\_\_\_\_ Cell telephone \_\_\_\_\_  
Other person and/or number to call in emergency \_\_\_\_\_

## Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- Asthma  Hay Fever  Kidney Disease  Diabetes  Heart Murmur  Seizure Disorders

Please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your youth ever sleepwalk?  Yes  No

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity?

Yes  No

If yes, please explain. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

## Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Rock Springs United Methodist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

**Note to Parent:** If giving consent for one activity only, or if this consent is otherwise restricted, please specify:  
\_\_\_\_\_

## Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: Mark Adcox, Dawn Adcox, or another adult chaperone designated by the pastor.

**(Note to Parent:** you may add or delete a name as desired.)

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Rock Springs UMC will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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## Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of Rock Springs UMC. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

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

\_\_\_\_\_  
Date

## TRANSPORTATION RELEASE

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle

Parent Initial \_\_\_\_\_

## DISCIPLINE RELEASE

In the event of misconduct, I authorize the staff to send my student home at my expense.

Parent Initial \_\_\_\_\_

## PERSONAL BELONGINGS RELEASE

I realize that the church or its sponsors are not responsible for personal belongings.

Initial \_\_\_\_\_ (all persons)

## PHOTO RELEASE

I hereby grant Rock Spring UMC permission to use photographs in which I appear in any and all publications, including website entries, without payment or any other consideration.

Initial \_\_\_\_\_ (all persons)

## GENERAL RELEASE

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, \_\_\_\_\_, being the legal guardian of \_\_\_\_\_ give my permission for him/her to participate in church sponsored activities.

Date \_\_\_\_\_ Parent / Guardian's Signature \_\_\_\_\_

Dated this day of \_\_\_\_\_, 20\_\_\_\_ in the state of County of \_\_\_\_\_ .

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

On this the day of \_\_\_\_\_, 20\_\_\_\_ personally known by me and in my presence, executed the within and foregoing Medical/Permission and Release form. Witness my hand and official seal

\_\_\_\_\_  
My Commission Expires:

Notary Public

THIS FORM IS VALID FOR ALL YOUTH ACTIVITIES BETWEEN THE DATES OF: January 1 – December 31, \_\_\_\_\_