

First United Methodist Church, Gainesville, FL Youth Activities Waiver, Contact Info, and Medical Release Form

A note to parents:

The leaders of the Youth Ministry at FUMC are given the sacred task of guiding the spiritual formation of youth participants in our programs. We do our best to provide a healthy environment in which our youth may grow in relationship to God and to each other. We approach this task enthusiastically, seriously and humbly. We welcome your input at any time and look forward to helping your youth grow to become a faithful disciple of Christ.

Youth Behavior Covenant of Conduct for all FUMC Functions:

Don't let anyone look down upon you because you are young, but set an example for the believers in speech, in life, in faith and in purity. 1 Timothy 4:12

I understand that as a youth participant, I am expected to exemplify Christian behavior in all areas of conduct. This includes appropriate language, no PDA (Public Display of Affection, or Anger), respectful and positive relationships with my peers and cooperation with any and all adults. I represent myself, this youth group, FUMC, The United Methodist Church, and above all, God.

Youth Signature Date Parent Signature

Parent Permission/ Waiver

I give my permission for _____ on this date _____ to attend all FUMC-Gainesville youth activities on or off site. I will not hold FUMC-Gainesville, church employees, or adult volunteers liable for harm to the above-named youth (including injury, illness, or mishap) that occurs during scheduled activities or for any harm my youth causes during such activities. I understand that the adult volunteers and staff of FUMC- Gainesville will make all reasonable efforts to protect my youth's safety and well-being. In the event of an emergency, accident, or illness, I want the adult volunteer or staff member present to notify me as soon as reasonably possible.

I understand that from time to time photos and videos of my child and church activities may be posted on the church website, used in presentations to the congregation or otherwise used for promotional purposes. I give permission for my child's likeness to be included. For security reasons, children will never be identified by their full names in any public format. Please initial here only if you **DO NOT** want your child's likeness available in these formats _____.

In order to better serve your child, please list any interests, talents, learning styles, or special needs that may apply:

***Please see back for Medical release**

Medical Release

IN THE EVENT OF AN EMERGENCY, I APPOINT FUMC-GAINESVILLE OR ITS REPRESENTATIVE TO AUTHORIZE MEDICAL CARE FOR MY YOUTH.

Youth Information:

Last _____ First _____ Middle _____

Birth Date _____ Grade (Year 2010/11) _____

Home/Mailing address _____

Legal Guardian 1 Information:

Name _____ Home Phone _____

Relationship to Youth _____ Cell/ Work Phone _____

Email _____

Legal Guardian 2 Information (if applicable):

Name _____ Home Phone _____

Relationship to Youth _____ Cell/ Work Phone _____

Email _____

Alternate Emergency Contact 1:

Name _____ Home Phone _____

Relationship to Youth _____ Cell/ Work Phone _____

Email _____

Alternate Emergency Contact 2 (if applicable):

Name _____ Home Phone _____

Relationship to Youth _____ Cell/ Work Phone _____

Email _____

Insurance Information:

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone _____

Preferred Hospital _____

Special Healthcare Needs/ Medications

Signature of Legal Guardian _____ Date _____