

FOREST GROVE UNITED METHODIST CHURCH  
YOUTH PARTICIPATION WAIVER- **Effective 9/2011 thru 8/2012**

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Year in School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: Y or N

Email: \_\_\_\_\_

Best Way to Contact Youth: CALL TEXT EMAIL

Parent/guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: Y or N

Email Address: \_\_\_\_\_

Best Way to Contact Parent(s): CALL TEXT EMAIL

If parent/guardian cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Medical History (Add additional page if needed)**

Known Allergies: \_\_\_\_\_

Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

## Medical Release

My child may participate in all Forest Grove United Methodist Youth Activities.

I give permission for my child to receive emergency medical or dental care if necessary. I give the adult leaders/chaperones the authority to act on my behalf with respect to my child's own health and safety during youth group events, with the understanding that I/emergency contact listed above will be contacted as soon as possible should the need arise. I accept full responsibility for all expenses incurred providing medical treatment for my child. I release The United Methodist Church and its representatives from liability in the event of accidental injury or illness.

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Media Release

I, being the parent/guardian of \_\_\_\_\_, hereby consent that the photographs/artwork/videotapes/electronic representations and/or sound recordings of my child may be used by Forest Grove United Methodist Church (FGUMC) for promotional purposes, including use on the Forest Grove United Methodist Church website. Furthermore, I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Forest Grove United Methodist Church. They shall have the right to duplicate, reproduce and make other uses of such photographs/artwork/videotapes/electronic representations and/or sound recordings as they desire free and clear of any claim whatsoever on my part.

- Yes, I give Forest Grove United Methodist Church permission to publish my child's photo on the FGUMC Youth and/or Apostlips Youth Band Facebook page.
- No, I do not give my permission to publish my child's photo on the FGUMC Youth and/or Apostlips Youth Band Facebook page.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Permission Agreement

I give permission for my youth, \_\_\_\_\_, to participate in the planned activities of the Youth Ministry of Forest Grove United Methodist Church. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults will be chaperoning youth activities and will take reasonable action as they deem necessary to protect the best interests of all participants. I am aware that private transportation and/or the Forest Grove United Methodist Church bus will be used when travel is necessary.

Parent(s)/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Covenant

I, \_\_\_\_\_, understand I am representing Forest Grove United Methodist Church in all youth activities. Therefore, for my own safety, the well-being of others, and mutual respect, I promise to abide by the following guidelines;

1. I will not use drugs, alcohol, or tobacco in any form.
2. I will treat other people's property with respect and cause no form of vandalism or destruction to any private or church property.
3. I will treat other members of the youth group with respect.
4. I will cause no emotional or physical injury to myself or others.
5. I will not participate in inappropriate forms of PDA (Public Displays of Affection).
6. I am responsible for my actions and will act in a Christian manner.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_