

Youth Activity Permission and Health Form
January 1, 2012 – December 31, 2012

Name of sponsoring organization: Florence United Methodist Church
8585 Old Toll Road, Florence, KY 41042 (859) 371-7961

Name of Youth _____
Address _____
Date of Birth _____ Sex _____ Height _____ Weight _____
Youth's Cell Phone Number: (____) _____
Email: _____

Emergency Contact Person (Guardian/Parent):

Parent/Guardian Name(s): *please include both if applicable*

Father/Male Guardian: _____
Home phone _____ Cell phone _____
Email _____
Address _____
(if different from youth)

Mother/Female Guardian: _____
Home phone _____ Cell phone _____
Email _____
Address _____
(if different from youth and/or above father/male guardian)

Alternate Contact Person (contact if we are unable to contact you in an emergency):

Name _____
Address _____
Home phone _____ Work phone _____

Possible Youth Activities (including but not limited to):

Youth group, bible studies, mission trips, vacation bible schools, worship events, lock ins, pool parties, hang out nights, going out to eat, concerts, outdoor concerts, festivals, hiking, laser tag, whitewater rafting, rock climbing, camping, miniature golf, movie watching, zoo trips, aquarium trips, amusement park trips, trips to cities, trips to museums, sightseeing tours, service at nursing homes, service at food pantries, service at non-profits, professional or semiprofessional sporting events, high school and middle school activities, participation in sports such as soccer, basketball, ultimate Frisbee, disc golf, kickball, capture the flag, field hockey.

I acknowledge that participation in the various activities that are listed, but not limited to, the above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activities described above (“Possible Youth Activities”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with the participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____
(parent/guardian if Participant is a minor)

I authorize the sponsor to approve medical treatment.

Signature: _____ Date: _____
(parent/guardian if Participant is a minor)

I give permission for Florence UMC to take pictures, video, and audio recordings of my youth. I understand that this material may be printed, posted on social media sites, or otherwise used for promotional purposes of Florence UMC and its related agencies.

Signature: _____ Date: _____
(parent/guardian if Participant is a minor)

Name of insurance Company: _____
Policy or group Number _____

Pre-existing or present medical conditions that we should be aware of:

Any medication routinely or currently taken (include name of medication, strength, and dosage schedule):

Any allergies to medications, foods, insect stings/bites, etc...
