



North Cross United Methodist Church Youth Group

#	Youth's Last Name	First Name	Birthday	Cell #	Grade	Email Address
1						
2						
3						

Mother or Guardian's Name _____ **Home Phone** _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

Employed By _____ **Work Phone** _____ **Preferred email address** _____

Father or Guardian's Name _____ **Home Phone** _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

Employed By _____ **Work Phone** _____ **Preferred email address** _____

Emergency Contacts

Name	Relationship to Youth	Phone Number	Alternate Phone Number

I, _____ **Date** _____ give consent for my youth to take part in **field trips or other youth events that require travel** to and from North Cross United Methodist Church. I understand that the youth director and/or youth sponsors will be the driver(s) for these field trips. It is my understanding that I will be notified in advance when such trips are planned.

I, _____ **Date** _____ give consent for my **youth to be picked up from home or school** by Vickie Linch, youth director, and/or the following persons in order to participate in Wednesday Youth, Sunday school, and other youth events when I am unable to provide transportation. _____

Media Release

I do _____ do not _____ allow recognizable digital images, stills, or videos of my youth to be placed on our church web page and/or local newspaper. I understand that these images will not include my youth's name unless separate permission is given at the time of publication.

North Cross United Methodist Church
Liability Release Form and Authorization to Consent to Treatment of a Minor

In consideration for being accepted by North Cross United Methodist Church for participation in church sponsored activities, I, being 21 years of age or older, do for myself and for and on behalf of my child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless North Cross United Methodist Church and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the church sponsored trip or activity.

Furthermore, I and on behalf of my child-participant (if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I the parent or legal guardian of this participant, and hereby grant my permission for him/her) to participate fully in said activities and hereby give my permission to take said participant to doctor, dentist, or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery, or medical treatment, and assume that responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs

Type or print full name of participant

Signature of participant if age 21 or older

Type or print full name of parent/guardian

Signature of parent/guardian

Parent/Guardian address

Parent/guardian phone number

Notarization

Signed _____

Subscribed and sworn to before me this _____ day of _____, _____

Date _____

(Notary Public)

Physician and Insurance Information

Insurance Company _____ Insurance Carrier _____ Policy number _____

Group number _____ Physician _____ Physicians phone number _____

Emergency contacts:

Name	Relationship	Phone number(s)
_____	_____	_____ or _____
_____	_____	_____ or _____

Medical History

Date of birth _____ Age _____ Sex _____ Blood type _____ Date of last tetanus _____

Any known drug, food, plant or other allergies _____

Any major surgeries and date _____

Any medication and dosage information(if necessary attach a separate sheet)

Any reason to restrict full activity including strenuous physical games _____

Any condition limiting full participation _____

Any special equipment (orthopedic devices, glasses, contacts, retainers, etc.) _____

Medical Information Past or Present. List date if participant has had disease or illness, check yes if current on immunizations

Angina	Yes _____ No _____	Heart Attack	Yes _____ No _____	Measles	Yes _____ No _____
Asthma	Yes _____ No _____	Hearing Aids	Yes _____ No _____	Mumps	Yes _____ No _____
Cancer	Yes _____ No _____	Hemophilia	Yes _____ No _____	Rubella	Yes _____ No _____
Convulsions	Yes _____ No _____	High Blood Pressure	Yes _____ No _____	Chicken Pox	Yes _____ No _____
Diabetes	Yes _____ No _____	Leukemia	Yes _____ No _____		
Heart Disease	Yes _____ No _____	Stroke	Yes _____ No _____		

List anything else you feel is important we should know about this participant: _____

