

Asbury United Methodist Church Youth Ministry Program

Fall 2010 – Summer 2011

Permission to Participate / Medical & Transportation Release Form

_____ Youth's Name		_____ Date of Birth		M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
() _____ Home Phone	() _____ Work/Cell Phone	() _____ Home Phone	() _____ Work/Cell Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Alternative Emergency Contacts

If unable to contact the above individuals, I/we hereby grant permission to contact:

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() _____ Home Phone	() _____ Work/Cell Phone	() _____ Home Phone	() _____ Work/Cell Phone

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

Current Medication(s)

In the event of an accident, injury, or illness, the adult leaders are hereby authorized to secure any and all medical services that my child may need. I understand and acknowledge that I/we will be responsible for any and all medical, surgical, medication, and transportation costs which may be incurred on behalf of my child.

I/We further agree to indemnity, hold harmless, release, and forever discharge Asbury United Methodist Church from any claims which I or my heirs or any other persons acting on my behalf have or may have against Asbury United Methodist Church by reason of accident, illness, or any other consequences arising directly or indirectly from the participation of the minor child named above in the Asbury UMC youth ministry program from **Fall 2010 through Summer 2011**, including but not limited to traveling off-site for activities. This authorization is valid until revoked by me, in writing.

_____ Parent(s)/Guardian(s) Signature	_____ Date
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Permission to Participate

The child named above has my/our permission to participate in the Asbury UMC youth ministry program from **Fall 2010 through Summer 2011**. I understand that traveling off-site for various activities may be required and give permission for the child named above to travel with the Asbury UMC youth ministry adult leaders and church staff to off-premise activities.

Parent(s)/Guardian(s) Signature

Date

Website Content Usage / Photo Consent Permission Form

I give Asbury United Methodist Church of Livermore, CA permission to use images, music, video and/or vocal performances of my child and grant the Asbury United Methodist Church all rights to use these sound, still, or moving images as content on its website, <http://www.asburylive.org>, and/or on our Flickr photo page and Facebook Pages sponsored by Asbury United Methodist Church.

The undersigned certifies that he/she has read this instrument and understands all of its terms.

Parent(s)/Guardian(s) Signature

Date