

09/10 Church Street United Methodist Youth Annual Youth Medical & Liability Release

This form will NOT be accepted unless it is complete and notarized Please use additional forms for each student

Name of Youth: _____ T-shirt size: YL S M L XL XXL
Address: _____ City: _____ Zip: _____
Home Phone: _____ Youth e-mail: _____
Youth cell number: _____ Can the youth receive an occasional text message? Yes No
Birthdate: _____ Age: _____ School: _____

Parent(s) name(s): _____ E-mail: _____
Phone #'s Mother (H) _____ (W) _____ (Cell) _____
Father (H) _____ (W) _____ (Cell) _____

We, the undersigned parent/guardian, authorize permission for the above youth to attend all events and programming sponsored by Church Street UMC. We authorize any adult person to consent to any x-ray, medical, surgical, dental treatment, or hospital care. As parents/guardians we do hereby release, forever discharge and agree to hold harmless Church Street UMC, Marc Gamble (Youth Director), other church staff, and other adult chaperones of Church Street UMC from any and all liability which result from personal injury, sickness, or death. We assume all responsibility as result of participation in recreation and work activities involved with this event. Should it be necessary for our child to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

Insurance: Yes ___ No ___ Insurance Company: _____
Policy #: _____ Group #: _____
Allergies: _____
List ALL medications currently being taken and those within the past week _____

Special needs, conditions, or medications: _____

Any limitations in activities by doctor or parent/guardian: _____

Parent/Guardian Signature

Date

This form MUST be notarized

Personally appeared before me, _____, a Notary Public of _____
county in the state of _____, the persons whose signatures appear above and with
whom I am personally acquainted and acknowledge that he/she executed the within instrument for the
purposes their in contained.

Witness my hand and official seal this _____ day of _____

My Commission Expires: _____

Signature of Notary Public

09/10 Church Street United Methodist Church Youth Ministry Annual Event & Programming Honor Statement

To be read and signed by the youth and their parent/guardian

This form will NOT be accepted without both youth and parent/guardian signatures as well as the opposite side being filled out and notarized.

I have read and understand the following rules and guidelines for trips, events, and other programming provided by Church Street UMC. These rules and guidelines are set forth to create an environment where we can live in community with one another and our creator God.

1. In everything I do I will attempt to honor God. I recognize that I am on these activities as a member of Church Street United Methodist Church and I will conduct myself in a way that is appropriate and glorifying to God and the church.

2. In everything I do I will attempt to honor those around me by what I say and how I act. I will treat others as I would like to be treated. I will have respect for other's personal belongings and feelings. I will treat the places we stay with respect and follow the rules and guidelines set by the retreat centers and our chaperones. I will make every effort to communicate with my chaperones about my whereabouts and plans. I will also treat my chaperones with the utmost of respect. I understand that if I destroy or damage any property I may be sent home at my parents expense and am responsible for the cost of any damage along with my parents.

3. In everything I will attempt to honor myself. I recognize that I am a child of God and will respect myself and honor God in every way I can while on these trips. I understand that the use of tobacco, drugs, alcohol, and firearms are **illegal and forbidden** on any and all youth trips. Possession will result in being sent home at my parents expense. I understand that the chaperones have the right to search my belongings if deemed necessary. I also understand that it is forbidden for boys to be in girl's sleeping areas and girls in boy's sleeping areas on overnight retreats and events.

4. I also understand that not all situations are covered in this form. I agree to abide by the guidelines set down by the adults on each trip as they deemed necessary. I understand that some rules are set on an as needed basis and are for the good of the group and its individuals.

5. Finally I understand that this form applies to all retreats and trips that we will take until September 2010. With my signature I am saying that I agree with the policies for the entire year.

I have read this statement and faithfully promise to abide by it. I understand should I not abide by it, I will be responsible for my actions and accept any and all consequences.

Youth Signature & Date

Parent/Guardian Signature & Date

This form will NOT be accepted without both youth and parent/guardian signatures