

Parental Permission, Personal Liability & Medical Release

Liability Release – The undersigned, being the parent or legal guardian of the following: (child's/children's/youth's names)

Child/Youth Name _____ Birthdate _____

Child/Youth Name _____ Birthdate _____

Child/Youth Name _____ Birthdate _____

Child/Youth Name _____ Birthdate _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Names of Parents: _____

List ALL health restrictions (i.e. allergies, medications): _____

List ALL medications to be taken and times to be taken, including over-the-counter meds (please send in ORIGINAL containers): _____

Physical limitations: _____

Medical Insurance Co.: _____ Policy #: _____

Family Doctor: Name _____ Office Phone _____

I can be reached at the following telephone numbers:

Home Phone _____

Parent 1 (Cell) _____ Parent 1 (Work) _____

Parent 2 (Cell) _____ Parent 2 (Work) _____

Other Emergency Contact:

Name _____ Number _____ Relationship _____

May also be picked up by:

Name _____ Number _____ Relationship _____

Marketing Release – I understand that my child/youth's picture, art, written work, voice, verbal statements or portraits (video or still) may appear in publicity or publications, videos or on the Church website and Church Facebook pages. No Monetary consideration will be paid. I understand that these pictures and items may be used by the Church in perpetuity, and that this agreement is binding upon heirs and/or future representatives.

Yes___ No___ Initial___

TO WHOM IT MAY CONCERN: The child/children/youth listed on this form have my permission to participate in this group.

PLEASE PROVIDE ANY MEDICAL ASSISTANCE NEEDED WHILE THIS PERSON IS WITH THE GROUP.

I, the natural parent or legal guardian, do hereby authorize the First United Methodist Church of Arlington, Texas, a member of the Central Texas Annual Conference, and its delegated leaders and staff as agent(s) for the undersigned, to consent to any medical and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care deemed advisable. This authorization shall remain effective while the person named above is under the care and custody of First United Methodist Church of Arlington, Texas.

Excepting limitations stated herein the person registered on this form has permission to participate in all program activities under the supervision of the church staff and its designated leaders, including transportation in public and private vehicles that are utilized in authorized church program activities and in supervised water and sports activities.

I, the undersigned, acting on behalf and that of the above named minor, do hereby waive all claims against and agree to indemnify and hold harmless First United Methodist Church of Arlington, Texas, a member of the Central Texas Annual Conference, its officers, staff, and designated leaders from any liability or responsibility for any injuries received by myself while participating in this church program.

I, on my own behalf and on behalf of my Child, hereby warrant that I have read this release in its entirety and fully understand its contents, and am aware that this form releases the Church from liability, and have signed this form of my own free will. I understand that this authorization shall be effective continuously from the date hereof until canceled by written notice to the Church. I agree to update this information in writing as the need arises.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Guardian

313 N Center Arlington, TX 76011

P: 817.274.2571 | F: 817.459.0597

www.arlingtonmethodist.org

FIRST UNITED METHODIST CHURCH ARLINGTON
YOUTH COVENANT OF CONDUCT
FOR ALL CHURCH ACTIVITIES

I will:

- Respect the health of my own body by not using alcohol, tobacco, or drugs of any kind (except as prescribed by a physician and indicated on my release form).
- Not possess or use any fireworks, firearms, or other weapons at any church related activity.
- Respect the physical and emotional health of other youth and adults. That means, for example, that I will not gossip, hit, play harmful practical jokes, or interfere with others' need for sleep.
- Remember who I am and whom I represent (FUMC Arlington & God) in my behavior (i.e. no vulgar language, no inappropriate clothing)
- Not engage in any inappropriate sexual behavior. I will not be with the opposite sex in the opposite sex's room when on overnight functions.
- Listen, respect, and follow the word of my adult leaders and report any injury or illness immediately to them.
- Participate whole-heartedly and enthusiastically in those scheduled events that I attend (have FUN!), abide by group decisions made during the event, and be on time.
- Follow the "buddy system" and not leave the designated area without permission of a youth leader.
- Respect the property of the places we visit, church property, and the property of other people.
- Encourage others to understand and abide by this covenant.

In the case of any misconduct, the Director of Youth reserves the right to call parents and send youth home at the expense of the parents. The signatures below indicate that all understand the program and commit to having the most positive experience.

_____ Date _____
Signature of Youth (good for one year from date)

I hereby certify that I have read and fully understand the Student Covenant of Conduct.

_____ Date _____
Signature of Parent