

Youth Medical and Liability Release Form
2018-2019 School Year
First United Methodist Church
224 N. Fayetteville St
Asheboro, NC 27203
336-625-2224

Youth Name _____

Parent(s) Name(s) _____

Parent Phone Number _____

Please list any medical concerns or allergies: _____

Health Insurance

Company: _____ Policy Number _____

“In the event that I cannot be reached in an emergency, I hereby give my permission for First UMC Staff and/volunteer assistants to act on my behalf and to secure proper treatment for my child as deemed necessary.”

LIABILITY RELEASE

Every activity sponsored by First UMC is carefully planned and adequately supervised by adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold First United Methodist Church or its staff or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the youth listed on this form and the signature is for both a medical and liability release.

Parent or guardian's signature _____ Date _____

(Please complete the back side as well)

**Youth Transportation Permission Form
2018-2019**

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by First United Methodist Church.

I also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the youth has been entrusted while attending and participating in any activity sponsored by First UMC.

Remember our Safe Sanctuary Policy says that no youth may drive to any off-grounds church sponsored event or transport others.

Printed name of parent or guardian _____

Parent or guardian's signature _____

Date _____