



Permission Form and Liability Waiver General Youth Group Activity

FOR ANY SCHEDULED YOUTH ACTIVITIES SPONSORED BY
TRINITY UNITED METHODIST CHURCH BOTH ON AND OFF CHURCH GROUNDS.

YOUTH NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

I give my consent for the youth listed above to participate in scheduled youth group events.

I give permission for my youth to ride in any vehicle driven by adult volunteers while participating in and traveling to and from youth group events.

I give permission for pictures and video of activities, which may include my youth, to appear in newsprint, on the church websites, Facebook page, and other church media.

I agree that, if in the supervisor's opinion, my youth acts in an inappropriate manner, or in any way creates a situation that could endanger the other youth or adults I may be contacted to transport my youth home.

I agree to accept full responsibility, financially or otherwise, for any damage my youth may do to the property of Trinity United Methodist Church, properties visited on an outing, other's personal property, or vehicle used for transportation.

I understand that all responsible caution will be taken to prevent injuries; however, I will not hold Trinity United Methodist Church or its members liable in any way for any injury sustained.

If I am unable to be reached in the event of a medical emergency, I hereby authorize adults in charge to seek and consent to emergency medical attention for my youth as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

Signature of Parent/Guardian: _____ Date: _____



Contact Information Insurance/Medical Information

YOUTH CONTACT INFORMATION *(Please Print)*

Youth Full Name: _____ Nickname: _____

Home Address: _____

Home Phone: _____ DOB: _____

Cell Phone: _____ TEXT? *Circle One... Yes/No*

Email: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers and email in best order to be reached:

INSURANCE/MEDICAL INFORMATION

Medical Insurance Company: _____

Policy/Group ID#: _____ Phone: _____

Policy Holder's Name: _____

Allergies to medicine, foods, or other pertinent medical information? _____

Youth is taking the following medication: _____
