

Personal/Medical Information of UMCG Youth Participant

Participant Full Name: _____

Date of Birth _____ Age _____ Gender: M or F

Home Address _____ City _____

State _____ Zip Code _____

Emergency Contact Information: Parent(s) Name and other Adult Emergency Contacts

Parent: _____ Home/Cell Phone _____

Parent: _____ Home/Cell Phone _____

Adult: _____ Relation _____ Phone _____

Adult: _____ Relation _____ Phone _____

Adult: _____ Relation _____ Phone _____

Medical Information

List of Allergies or Medical Conditions:

Medications: _____

Health Insurance: ___ Yes ___ No

Insurance Company: _____

Policy Number: _____ Policy Holder: _____

Primary Care Practitioner / Physician: _____

Primary Care Practitioner / Physician Phone Number: _____

Medical Release and Waiver of Liability

In the event that (youth) _____ is injured while under the care of UMCG and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I further agree to hold the licensed physician, the medical facility, the United Methodist Church of Geneva and its representatives free and harmless of claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I understand the nature of the events and do hereby release the UMCG and its representatives from any liability due to accident or injury incurred by my child. I hereby release and hold harmless the United Methodist Church of Geneva from any and all liability associated with the transportation of my child to off-campus activities.

Parent Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Photo Release

I hereby consent to the use of any video or photographs taken of my child to be used without his/her name by the United Methodist Church of Geneva in promotional materials including newspapers, bulletin boards, newsletters and internet web pages

Parent Guardian Signature: _____ Date: _____