

Asbury UMC Extreme Believers Student Ministries
Fall 2010 – Summer 2011
 Permission to Participate / Medical & Transportation Form

Name	Date of Birth		M	F
			Sex	
Parent's / Guardian's Name		Parent's / Guardian's Name		
()	()	()	()	
Home Phone	Work / Cell Phone	Home Phone	Work / Cell Phone	
Address		Address		
City, State, Zip Code		City, State, Zip Code		

Alternative Emergency Contacts

If unable to contact the above individuals, I / we hereby grant permission to contact:

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Work / Cell Phone	Home Phone	Work / Cell Phone

Medical Information

Hospital / Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies / Special Health Considerations

Current Medication(s)

In the event of an accident, injury, or illness, the adult supervisors are hereby authorized to secure any and all medical services that my child may need. I understand and acknowledge that I / we will be responsible for any and all medical, surgical, medication, and transportation costs which may be incurred on behalf of my child.

I / we further agree to indemnity, hold harmless, release, and forever discharge Asbury United Methodist Church from any claims which I or my heirs or any other persons acting on my behalf have or may have against Asbury United Methodist Church by reason of accident, illness, or any other consequences arising directly or indirectly from the participation of the minor child named above in the Asbury UMC youth ministry program from **fall 2010 through summer 2011**, including but not limited to traveling off-site for activities. This authorization is valid until revoked by me, in writing.

Parent(s) / Guardian(s) Signature	Date
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Permission to Participate

The child named above has my / our permission to participate in the Asbury UMC Youth ministry program from **fall 2010 through summer 2011**. I understand that traveling off-site for various activities may be required and give permission for the child named above to travel with the Asbury UMC student ministry adult leaders and church staff to off-premise activities.

Parent(s) / Guardian(s) Signature

Date

Website Content Usage / Photo Consent Permission Form

I give Asbury United Methodist Church of Springfield, MO permission to use images, music, and / or vocal performances of my child and grant the Asbury United Methodist Church all rights to use these sounds, still, or moving images as content on its website, www.extremebelievers.org, www.asburyunitedmethodist.org, or on our Flickr photo page and / or Facebook groups sponsored by Asbury United Methodist Church. I agree that all rights to the sound, still, or moving images belong to the Asbury United Methodist Church. I understand that in all events, the images do not include names with the pictures.

The undersigned certifies that he / she has read this instrument and understands all of its terms.

Parent(s) / Guardian(s) Signature

Date

Insurance Card_____