



**MEDICAL PERMISSION AND LIABILITY RELEASE FORM**  
**September 1, 2010 – August 31, 2011**

We (I) the parent(s) or legal guardian(s) of \_\_\_\_\_ hereby grant our (my) permission for him/her to participate fully in events and activities sponsored by or attended by Front Street United Methodist Youth Fellowship during the time period of September 1, 2010 through August 31, 2011.

Authorization and permission is hereby given to said church (Front Street United Methodist Church) to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Front Street United Methodist Church and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Front Street United Methodist Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my youth - participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Front Street United Methodist Church can be used as a backup policy only if the accident or injury takes place on the church property.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Participant, if age 21

**Please fill out attached Health Form.**

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, A NOTARY PUBLIC FOR SAID COUNTY  
AND STATE, DO HEREBY CERTIFY THAT \_\_\_\_\_  
PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE  
EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL, THIS THE \_\_\_\_\_ DAY OF  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_



**FRONT STREET UNITED METHODIST CHURCH**

**(Please Print)**

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_ ) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_

**Emergency Contact Person:**

Parent/Guardian Name \_\_\_\_\_

Address (if different from student)

\_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number **(Home)** ( \_\_\_\_ ) \_\_\_\_\_ Phone Number **(Work)** ( \_\_\_\_ ) \_\_\_\_\_

Phone Number **(Cell)** ( \_\_\_\_ ) \_\_\_\_\_ Phone Number **(Other)** ( \_\_\_\_ ) \_\_\_\_\_

**Alternate Contact Person:** (Use someone near the primary contact)

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation to youth/family: \_\_\_\_\_

Phone Number **(Home)** ( \_\_\_\_ ) \_\_\_\_\_ Phone Number **(Work)** ( \_\_\_\_ ) \_\_\_\_\_

Phone Number **(Car)** ( \_\_\_\_ ) \_\_\_\_\_ Phone Number **(Other)** ( \_\_\_\_ ) \_\_\_\_\_





# Front Street UMYF

Derek Tang, Director of Youth Ministries  
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## Permission to use Likeness Form

I, \_\_\_\_\_ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational and promotional purposes for the Youth Ministries of Front Street United Methodist Church (In print, video, multimedia, and internet) for the period beginning September 1, 2010 through August 31, 2011. I also hereby indicate my understanding that images of my youth are not limited to images at church, but may also include images from off-site activities and programs (such as mission trips, ski trips, etc.) that are official Front Street UMYF events.

The above stated church agrees to make every effort to protect the privacy and dignity of your children. We will never include biographical information in connection with your child's picture/likeness. (Full name, address, e-mail address, etc.) Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

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**(Name of Youth)**

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(Signature of parent or guardian)

(Date)

*This original document will be kept on file at the office of the Youth Director. If you would like a copy, please do not hesitate to request one.*

## Front Street UMYF Breakfast Club Permission Slip

I hereby give permission for \_\_\_\_\_ to participate in the Front Street UMYF Breakfast Club during the 2010/2011 school year.

My child currently attends \_\_\_\_\_ school and will attend Breakfast Club at \_\_\_\_\_.

I understand that all youth who attend are then transported to school by volunteers from the church and do hereby give my permission for my child to ride with one of these volunteers. I also understand that all volunteers are trained in accordance with Front Street UMC's "Safe Sanctuaries" policy.

I understand that my child will arrive at school no later than five minutes before the bell is to ring.

(If child drives/carpools with another youth)

My child drives their own vehicle/currently carools to school, and I hereby acknowledge this and give permission for my child to do so after Breakfast Club as well.

Name of carpooler: \_\_\_\_\_

Signed,

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(Parent/guardian name – sign and print, please)

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(Date)