

LFMC YOUTH MINISTRY

2011-2012

Please complete a separate form for each participant

Name _____ Grade _____ Age _____ Sex _____
Address _____
City, State, Zip _____
Phone _____ Cell Phone _____
Email _____
Parent / Guardian _____

Emergency Contacts

Name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____
Name _____ Relationship _____
Phone: Home _____ Work _____ Cell _____

Medical Information

Health Insurance Company _____
Group # _____ Policy # _____
Physician _____ Physicians Phone _____
Medications (type & frequency) _____

Medical Conditions _____

Allergies _____

Release of Liability and Medical Consent

As the parent/guardian of _____, I give him/her permission to fully participate in events and activities sponsored by Lawrence Free Methodist through August of 2012. I do hereby remise, release and forever discharge the Lawrence Free Methodist Church and all of the organization's officers, agents, and employees, acting officially or otherwise, from all actions, causes of action, claims, and demands for, upon, or by for any reason, including injury, damage, loss or death which may occur on this trip.

In the case of medical emergency I understand an effort will be made to contact the undersigned parent or guardian. In the event I cannot be reached, I hereby give my permission to the physician and/or hospital or medical center selected by the trip's adult staff to give treatment for my child named herein to the extent necessary in the opinion of the physician and/or hospital to care for my child.

If there is an activity or event I do not wish my child to take part in, I will contact the Church or Pastor Travis or cross it out from the following list. Activities include, but are not limited to – Sunday mornings, Sunday evenings, mid-week Life Groups, Bible quizzing, Ministry Team, Smash Injustice, cookouts, pool parties, Most Wanted – a hide and seek game, laser tag, bowling, capture the flag, Oceans of Fun, KC Royals, Bigger / Better and others as well as potential transportation to and from each event.

Signed _____ Date _____
(Parent or Guardian)

Emergency Phone Number _____