

Seek GOD, Find GRACE.



## Child/Youth Information

_____ Name (Please Print)		_____ Date of Birth	_____ Grade
_____ Child/Youth Email	_____ Child/Youth Cell Phone	_____ Gender	
_____ Address			
_____ City	_____ State	_____ ZIP	

## Parent or Guardian Consent/Information

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, and I hereby consent for my child to attend and participate in any and all activities provided by Genesis United Methodist Church [Church] including trips that take them away from the church premises. I also agree that the subject of this release will abide by general conduct rules, participate in all events, and respect the other students and adults. I acknowledge that if the subject of this release has to return home early for any reason deemed necessary by the Church through its staff or volunteers, it will be at my expense.

I further give permission for my child to be photographed or videotaped while they attend the church events and agree that these photographs may be used for Church displays, for informational displays in public settings, in Church newsletters, on the Church website (using FIRST NAME ONLY), in the EDGE Facebook group, or by the local media for informational or promotional purposes as determined by the Church.

While I understand it is the policy of the Church that reasonable safety precautions will be taken at all times by the Church, and its agents, during its events and activities, I understand that injury to participants or loss and damage may still occur. Accordingly, I agree to waive responsibility for, release from and hold harmless Genesis United Methodist Church, its, leaders, employees, and volunteer staff liable for any and all damages, losses, diseases, injuries, or even death incurred by the subject of this form.

I hereby authorize and consent to any treatment by a licensed hospital and/or physician as they deem necessary for the subject of this authorization in the event of an urgent health issue.

_____ Signature of Parent/Guardian		_____ Today's Date	
_____ Parent/Guardian Name(s)		_____ Parent Email	
_____ Address	_____ City	_____ Zip	
_____ Primary Phone Number/Name	_____ Additional Phone Number/Name	_____ Additional Phone Number/Name	
_____ Health/Medical Insurance Co.		_____ Policy Number	

Child has no known allergies or chronic medical conditions.

Child has the following allergies:

\_\_\_\_\_  
Child has the following medical conditions:

\_\_\_\_\_  
Name and address of child's physician: