

Orange Park United Methodist Church- Youth Group + TLC Choir 2021-2022

PARENTAL CONSENT AND MEDIA/MEDICAL AUTHORIZATION

Please Provide a Copy of the Front and Back of Your Insurance Card. THIS FORM MUST BE NOTARIZED.

Name of Youth: _____ Age: _____ DOB: _____

Parent(s)/Guardian(s): _____ (Father) _____ (Mother)

Address: _____
Street/Apt Number City State Zip Code

Home Phone: _____ Parent(s)/Guardian(s) Cell: _____

Parent Email: _____

Emergency Contact: _____ Phone: _____ Relation: _____

As the parent (or legal guardian) of _____, I understand that my child will be
Youth's Name Printed

participating in weekly events, activities and field trips sponsored by Orange Park United Methodist Church from August 15, 2021 to August 15 of 2022 which carry with them a certain degree of risk. This includes indoor and outdoor games on campus and field trips off campus, such as but not limited to Dairy Queen, Urban Bean, movies, bowling, beach, ice skating, rock climbing, ski trips, retreats, domestic and international mission trips, Youth group and TLC activities etc. This also includes meals, and transportation given by volunteers and/or hired third parties. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's activities:

_____ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child has restrictions on the following particular activities: _____

_____ I understand and give consent for my child to travel to and from these events in transportation provided at times by volunteer drivers.

Medical Authorization

_____ It is my understanding that OPUMC will attempt to notify me in case of a medical emergency involving my child. If OPUMC cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Allergies or other health considerations: _____

List any medications your child is taking: _____

Insurance Company: _____ Policy/Group #: _____

Signature of Parent or Guardian _____ Date _____

In exchange for my being allowed to participate at all Youth Group gatherings and TLC Choir on the church campus and off campus field trips, sponsored by Orange Park United Methodist Church (herein referred to as "OPUMC"), I _____ (Youth's Name) and, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

