

Centreville United Methodist Church ~ Emergency Care Form
Youth (less than 21 years of age) Participant Form ~ January 1, 2017 - December 31, 2017

Full Name of Participant (Print clearly) _____

Name of Parent/Guardian: _____ Email Address: _____

Phone (Cell) _____ (H): _____ (W) _____

Street Address: _____

City/State: _____ Zip: _____ Date of Birth _____

Emergency Contact other than parent: _____

Contact Phone: (Cell): _____ (H) _____ (W) _____

Personal Physician: _____ Phone _____

Medical conditions (diabetes, allergies, etc.): _____

Required medications (including non-prescription) and dosage

Date of last Tetanus Shot: _____ Date of last physical: _____

Medical Insurance Co.: _____ Policy No.: _____

Insurance Company Phone No.: _____

Release of All Claims

I, being 21 years of age or older (on behalf of my child who *is not 21 years of age*), do hereby release, discharge and agree to forever hold harmless CUMC, the directors, officers, employees and agents thereof, from any and all liability, claim and demand for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in the above-named event, including transportation.

Furthermore, I hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation in Centreville United Methodist Church activities.

Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, and lodging and to assign work to this participant.

I further hereby agree to hold harmless and indemnify Centreville United Methodist Church, its directors, officers, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred.

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in the events where a registration form has been completed, and hereby give my permission to take my child to a doctor or hospital and hereby authorize medical treatment, including but not limited to, emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any. Further, should it be necessary for my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume all related costs.

I will bring only the amount of required medications necessary for the duration of each event my child attends and I have completed an event registration form.

Parent Signature (if participant has not attained 21 years) _____ Date _____ Phone Number _____

Parent's Printed Name

Your child's photo may be used for Centreville UMC media purposes. No child's name will be used in connection with any photos. If this is a concern, please email kstuebing@centreville-umc.org. Please acknowledge you have read. Initial