

Student Participation Form

Howell FUMC Youth
August 2021 – August 2022



To Be Filled Out by Parent/Guardian: (please print clearly)

Name of Student: _____ Parent/Guardians: _____

Home Address: _____ APT: _____

City: _____ State: _____ Zip: _____ D.O.B. ____/____/____

Age: _____ Sex: _____ Student 2021-2022 Grade: _____ Student T-Shirt Size _____

Favorite Snack or Candy: _____ Favorite Color: _____

Emergency Contacts:

1. _____ 2. _____

Relationship to Participant _____ Relationship to Participant _____

Cell Phone _____ Cell Phone _____

Alternate Phone _____ Alternate Phone _____

Email _____ Email _____

Participant's Medical Information:

Allergies: _____

Medical Conditions: _____

Special Medical Requests/Restrictions: _____

Food Restrictions (allergies, vegetarian, etc.) _____

Insurance Information

Howell First United Methodist Church and its representatives will only use this information in the case of an emergency and when the above listed emergency contacts cannot be reached:

Insurance Company: _____

Policy Holder: _____ Policy #: _____

Please continue to backside →

Authorization for Treatment/Release of All Claims

Participant Name _____

I/We, the parents or legal guardians of the above-named participant, give consent for our youth to attend the 2021 Summer Retreat with Howell First United Methodist Church (or are of legal consenting age myself).

Medical Release Agreement

If the above-named participant is injured while attending the trip and requires the attention of a doctor, I/we give consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/we further agree to hold the licensed physician, the medical facility, Howell First United Methodist Church and their representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

Transportation Home Agreement

I/we understand that the adult leaders of Howell First United Methodist Church may need to send a participant home as a result of illness or disciplinary action. In the event that the above youth is dismissed from any youth event for disciplinary reasons, I/we understand they he/she will be sent home at expense of the parent/guardian. An adult leader will contact the parent or guardian to arrange such transportation.

Liability Release Agreement

I/we understand that there are inherent risks involved in any youth event. Such risks may include, but are not limited to, the risk of injury from transportation, the risk of physical injury from play equipment, and exposure to disease or other illness. Knowing this, we hereby release Howell First United Methodist Church and their representatives from any liability due to any reasonable injury or property damage incurred by my youth.

Photo & Video Release Agreement

I/We give permission for Howell First United Methodist church to use any images taken of my youth during this event for promotional purposes or in promotion of Howell First United Methodist Church or its ministries.

I/We agree to the terms listed above. I/We also agree that the medical information given is accurate to the best of my/our knowledge:

Parent/Guardian:

(Parent/Guardian Name – Printed)

(Date)

(Parent/Guardian Signature)