

ANDOVER UMC YOUTH PARTICIPATION FORM & PARENTAL CONSENT FORM

Name: _____ Gender: _____ Birthdate: ____ / ____ / ____ Grade: _____
Address: _____
City, State, Zip: _____ Night Telephone: _____

IN CASE OF EMERGENCY

*The purpose of this is to provide information for youth staff in the event of an emergency.
Please complete with as much detail as you can. (Use additional paper if needed)*

Notify: _____ Relationship: _____
Address: _____ Telephone: _____
Doctor: _____ Telephone: _____
Insurance Company: _____ Policy #: _____ Group #: _____

Note: Under the current Kansas West Conference event insurance policy, your family insurance is the primary payer, and the Kansas West Conference insurance is the secondary payer.

Please list any medications being taken by you and why: _____

Are there any medial or health limitations you are aware of (circle one)? Yes No
Please describe: _____

YOUTH COVENANT OF CONDUCT

During youth events, under the guidance of my church, I am a representative of that Christian community, and I am responsible for my actions. I understand the following guidelines will be followed.

1. Respect my health by refraining from the use of tobacco, alcohol and drugs of any kind, except those prescribed for me by a physician.
2. I will not bring any guns, knives, swords, lighters or matches to any youth event.
3. I will be responsible for my own behavior and participate fully in all scheduled activities of the event.
4. I will dress in good taste. No alcohol, tobacco or narcotic slogans, symbols or sayings.
5. I will help keep the areas of the church used during the event and stay out of areas of the church not being used for the event.
6. I will respect the physical and emotional well being of other youth and adults by "doing unto them, as I would have them do unto me."
7. I will respect each person's personal property, and it shall remain off limits to me.

I understand that not complying with these rules while at the event will result in the immediate notification of my parents, and I may be sent home at my parents' expense or my parents will be picking me up immediately.

Youth's Signature

Parent's Signature

PARENTAL RELEASE

I hereby agree for my child _____ to participate in the *Andover United Methodist Church* youth events during the time frame of January 1, 2010 to December 31, 2010 and release any and all rights or claims for damages against the *Andover United Methodist Church* and all individuals assisting in instructing or conducting these events for any and all injuries, losses, or damages suffered by him/her in any way. I hereby give permission for the youth staff to seek proper medical help in the case of an emergency and, if needed, give the physician selected by the said person, authority to hospitalize and/or order injections, anesthesia or surgery in the course of securing proper treatment.

Also, I agree that any pictures taken in the course of youth events, which includes photos and video of my child, may be used for publicity of this event.

Dated:

Signature (Parent/Guardian)

HEALTH CONSENT AND WAIVER

This waiver is effective for one year following the date it is signed.
Andover United Methodist Church, 1429 N. Andover Rd. Andover KS 67002

I am the parent/guardian of _____, and do hereby give my consent for my child/youth to participate in the activities of Andover United Methodist church.

I do further waive any claim for liability or damages against Andover United Methodist Church of Andover, Kansas, any of its employees, or any person or persons transporting or assisting in any activity for any damage or injury which may be sustained by my child during or in transit to any activity.

Further, in the event of an accident, illness or emergency medical situation during the course of an activity or in transit to an activity involving my child/youth, I hereby authorize the sponsors to obtain medical assistance and treatment for my child on my behalf. It is also agreed that AUMC will be repaid any medical expenses incurred on their behalf.

Child/youth's full name _____ Date of Birth _____ Grade _____

Address/City/State/Zip Code _____ Phone _____

Parent's Work Phone _____ Cellular Phone _____ Pager # _____

Parent's Work Phone _____ E-mail address _____

Other person to call in case of emergency _____

Relationship _____ Phone _____

Do you give approval for photographs to be taken of your child/youth? **Yes/No**

Please list (put "n/a" if not applicable to your child):

Drug Allergies _____

(Prescription and nonprescription)

Dietary Restrictions _____

Prescription Medications taken currently _____

Chronic Illness (asthma, etc.) _____

Date of last Tetanus shot _____ History of sleep walking? **Yes / No**

Other medical information which might be necessary in an emergency _____

Family Physician _____ Phone _____

Health Insurance Co. _____ Policy # _____

Adult Sponsors may administer the following medications. *(Please circle all that apply):*

Aspirin Tylenol Advil Benedryl Others _____

Parent/Guardian name(s) 1. _____ 2. _____

Parent/Guardian Signature(s) 1. _____ 2. _____

Date _____