

First United Methodist Church Bentonville
Waiver and Medical Information for Minors
2016-2017

Name of Child Participant (please print) _____ DOB _____

Gender _____ Address _____

Home Phone (____) _____ Participant's Cell (____) _____ Participant's Email _____

Name of School _____ Highest Grade Completed _____



Parent/Guardian Name _____ E-Mail _____ Cell Phone _____

Parent/Guardian Name _____ E-Mail _____ Cell Phone _____

Functions and Activities

By initialing and signing this form, I understand my child's participation in the programs, recreational programs and other activities of FIRST UNITED METHODIST CHURCH ("FUMC") is a privilege. Further, I acknowledge there are certain risks associated with such programs and activities, including, but not limited to, mental or physical injury due to activity-related accidents, and mental or physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability and Indemnification Agreement

By initialing and signing this form, I expressly warrant that my child above is capable of withstanding both the physical and mental demands of the programs and activities offered through FUMC. I also expressly assume all risks of my child participating in such programs and activities, whether such risks are known or unknown to me at this time. I further release, discharge and hold harmless, FUMC, its ministers, leaders, employees, volunteers, and agents from any claim that may arise against them as a result of participation in such programs and activities, including, but not limited to, mental or physical injury due to activity-related accidents, and mental or physical injury due to transportation-related accidents, illness, or even death. This release of liability excludes any gross claims of negligence.

I further agree to indemnify and hold harmless FUMC, its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

By initialing and signing this form, I recognize there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, injury or other health condition. I do hereby give permission for FUMC, its ministers, leaders, employees, volunteers, and agents to seek and secure any medical attention and/or treatment for my child, including, but not limited to, hospitalization, if, in the discretion of FUMC, its ministers, leaders, employees, volunteers, and/or agents, such need arises. I further agree to be responsible for and pay, either through my insurance provider or individually, all fees and costs arising from any medical attention and/or medical treatment provided to my child.

I give permission for attending physician(s) and other medical personnel to administer any needed medical attention and/or treatment to my child including, but not limited to, surgery and, again, I agree to be responsible for and pay, either through my insurance provider or individually, all fees and costs arising from any medical attention and/or medical treatment provided to my child.

Transportation

By initialing and signing this form, I give my child permission to ride in the FUMC van or in other vehicles for transportation as provided by FUMC, its ministers, leaders, employees, volunteers, and/or agents. I further release, discharge and hold harmless, FUMC, its ministers, leaders, employees, volunteers, and agents from any claim that may arise against them as a result of transportation provided including, but not limited to, mental or physical injury due to transportation-related accidents, illness, or even death. This release of liability excludes any gross claims of negligence.

Photo Release

By initialing and signing this form, I give permission for the capture and use of images of my child, during programs and activities of FUMC including, but not limited to video, still photo, digital imaging or other such means.

Health Insurance Information

Insurance Company _____ Policy Number _____

Insurance Company Phone Number _____

Medical Doctor _____ Phone number _____

Date of last tetanus shot: _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Other information leaders should know about the child:

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

By initialing and signing this form, I give permission for the child named above to participate in all programs and activities of FUMC. In consideration for allowing the participation of my child in all programs and activities of FUMC, I hereby consent to this form, including any Release of Liability above, on behalf of my child, and agree that this form shall be binding upon my child, me, my family, heirs, legal representatives, successors, and assigns.

I represent that I am the parent or legal guardian of _____, who is under 18 years of age. I have read the above form and am fully familiar with the contents thereof.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Witness Signature _____ Date _____

Print Name of Parent or Legal Guardian _____

YOUth Code of Conduct:

As a representative of Christ and Bentonville First United Methodist Church, I take seriously my responsibility to care for one another.

This code represents affirmation of my concern for the well being of the total community. I covenant with the others to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

- 1) Anything considered illegal under civil and criminal law in Arkansas is illegal for participants of any FUMC YOUth event. This includes drug possession and use, alcohol consumption and possession by a minor and alcohol consumption on state property, possession of firearms, weapons or fireworks, etc. Tobacco use is disallowed as well.
- 2) Dress should be appropriate for a co-ed Christian environment.
- 3) All participants are expected to participate in the event in full and be at designated places at all times.
- 4) Visitation between males and females will be in designated areas ONLY.
- 5) I will respect the person, equipment and property of others as well as the public and private properties (living areas, meeting rooms, etc) in use during the event.
- 6) Any accidental damage to the property will be billed to the persons who caused the damage. Intentional damage is subject to additional penalties.
- 7) Cell phones, music players, etc. may be used during free time at levels that do not disturb others and cannot be heard outside the room in which it is being played.
- 8) I understand that I must obey the adults, respecting them, and everyone else during all programs, events, and trips.

I understand that violations of this covenant and/or other inappropriate behavior could require disciplinary action for youth and adults. Decisions about appropriate disciplinary action will be made by Brooke, adult group leaders, and possibly youth leaders. The right is reserved to call parents or to dismiss any person who breaks this code of conduct and immediately send them home at their own expense.

YOUth Participant Signature & date

YOUth Parent/Guardian Signature (if under 18) & date
