

### Youth Information Form

(Copy of your health insurance card must be attached.)

\_\_\_\_\_ Male Female  
 Full Name Youth Cell # Date of Birth  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address City Zip Parent Phone # Class of 20\_\_ School \_\_\_\_\_  
 Cellular # \_\_\_\_\_

#### Family Information:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Address (if not same) \_\_\_\_\_ Address (if not same) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cellular # \_\_\_\_\_ Cellular # \_\_\_\_\_  
 Sibling Names and Ages \_\_\_\_\_

#### Emergency Information:

Dietary or Health Restrictions: \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medications taken on a daily or regular basis \_\_\_\_\_  
 List any physical or medical conditions requiring special attention \_\_\_\_\_  
 Allergies \_\_\_\_\_ Medications \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_

(You must attach a copy of front and back of current health insurance card)

#### EMERGENCY CONTACTS & ADDITIONAL PICK UP PERSONS:

\*(It is important for parents to notify the church representative if anyone other than those on this list are to pick up the minor child. Persons must identify themselves to coordinator and show picture ID.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_

## Youth Release/Medical Form

*(A copy of your health insurance card must be attached.)*

We (I) the parent(s) or legal guardian(s) of \_\_\_\_\_ hereby grant our (my) permission for him/her to participate fully in any activities or trips sponsored by or attended by Huntsville First United Methodist Church from August 2016-July 2017.

I understand that my signature carries with it the following:

Authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Huntsville First United Methodist Church and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Huntsville First United Methodist Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the participant who is the subject of this form. Furthermore, I (and on behalf of my child) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact person cannot be reached in an emergency I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Huntsville First United Methodist Church can be used as a backup policy only if the accident or injury takes place on the church property.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

I authorize photographs and video to be taken and use for present and future Huntsville First United Methodist Church media and publications.

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Signature of Parent or Legal Guardian

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Date