

Youth Group Permission and Contact Form 2018- 2019

Dear Students & Parents/Guardians,

This permission slip is for activities for the 2018-2019 Youth Group Year. Youth group meets the every Wednesday for youth in grades 5-12. Schedule: Supper 6:00-6:30, Programming 6:30-7:30, Free Time 5:00-6:00 and 7:30-8:30. 1st and 3rd Wednesdays are at Calvary Foursquare, 1100 Hwy 38, Tipton; 2nd and 4th Wednesdays are at United Methodist, 607 Lynn St, Tipton. 5th Wednesdays First UCC, 600 Mulberry St, Tipton. If the youth group plans to do an event outside of Tipton, an addendum permission slip will be sent that will give specific permission. If youth are not able to walk to an event in town, licensed adult drivers will transport youth. Youth may drive to the event but MAY NOT transport other youth.

Thank you in advance for your support of the youth ministry. For more information, contact Melinda Stonebraker at 563-886-2331 (Church), 563-889-0468 (Cell) or AJ Williams at 563-886-6418 (Church), 563-219-5795 (Cell)

Event: School Year **Dates:** Sept. 1, 2018 to Aug. 30, 2019

Youth Name: _____ **Home Phone:** _____

Address: _____ **City, Zip:** _____

Birth date _____ **Grade/Graduation Year** _____

Parent Email Address _____ **Parent Cell** _____

Youth Email Address _____ **Youth Cell** _____

Emergency contact _____ **Home** _____ **Work** _____ **Cell** _____

Alternate contact _____ **Home** _____ **Work** _____ **Cell** _____

If s/he needs transportation, note when: 1st & 3rd at Calvary and/or 2nd & 4th at UMC and/or 5th at UCC

Basic Rules - * Respect the leaders, self, each other, others, property and meeting spaces.

Required Rules - Respect the facilities and equipment. *Absolutely no fighting, alcohol, tobacco, inhalants, illegal drugs, or inappropriate behavior. **Violation of these required rules would result in notification to parent/guardian and transportation of the youth home, at own expense, by said parent/guardian.**

Youth's Signature _____

Release of Liability / Permission to Treat / Promotional Release

_____ [participant] has my permission to participate in this event. I agree to forever release First United Methodist Church of Tipton, IA and Calvary Four Square Church of Tipton, IA and First United Church of Christ [hereafter referred to as FUMC, CFSC, & FUCC respectively] and all event sponsors together with their officers, directors, employees, agents, representatives, their heirs, personal representatives, successors and assigns from any and all claims, demands, actions, causes of actions, suits, injury, liability or expense whatsoever with respect to any injury, death or property damage sustained by the above-named minor child, arising out of or related in any way to my child's participation in this event. The above-named minor is in good physical and mental health and is capable of participating in this potentially strenuous event. I further acknowledge that no oral representation, statement or inducements apart from the foregoing written agreement have been made. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray, examination, medical, dental, anesthetic, or surgical diagnosis, treatment, or hospital care advised and supervised by a physician or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. In the event of such occurrence, I expect to be contacted as soon as possible. It is agreed and understood that medical expenses related to sickness or injury of the participant are not covered by the church's insurance program. Should it be necessary for participant to return home due to a medical reason or otherwise, the undersigned shall assume all transportation costs.

**The undersigned also hereby give permission for participant to ride in any vehicle designated by the adult leaders of FUMC, CFSC, & FUCC while attending and participating in activities sponsored by this church.

**I also understand that photographs and/or video and sound recordings of my child or me may be made during the event and authorize the use of such materials by FUMC, CFSC, & FUCC. I understand that these materials would be used for the promotion of the youth ministry for purposes including recruitment and fund-raising efforts.

___ DO NOT USE PHOTOS/VIDEOS of MY CHILD

Parent/Guardian Signature _____

Parent/Guardian Name (Please Print) _____

Child's Allergies, Drug Reactions, & Current Medications, Diet Restrictions, Medical Concerns: _____

Doctor _____ **City** _____ **Phone** _____ **Tetanus shot in last 5 years?** Yes No

Insurance Co. _____ **Group #** _____ **Policy #** _____