

UMYF Permission / Consent Form

Redlands First United Methodist Church
One East Olive Avenue
Redlands, CA 92373
(909) 793-2118

Youth Information

Name of Youth: _____ Birth Date: _____

Allergies / Health Concerns: _____

Parent(s) / Guardian(s): _____

Address: _____

Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Family Physician: _____ Physician's Phone: _____

Parental Consent

I, _____, the parent and/or legal guardian of a minor, _____, authorize he/she to participate in all group activities of the United Methodist Youth Fellowship of Redlands First United Methodist Church. I do hereby authorize staff or volunteers supervising such activities as agents for the undersigned to consent to any emergency treatment, x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed medically necessary.

I agree to hold harmless Redlands First United Methodist Church, its organizing bodies, boards, clergy, staff, members, and volunteers from any and all claims, losses, costs, obligation and liabilities, of any kind, for injuries to any persons or for damages to or loss of property of any kind and in any way, without limitation, arising out of, or in connection with, the participation of the above mentioned person in the above referenced event, whether or not arising from any alleged negligence, fault, or legal liability of Redlands First United Methodist Church, its organizing bodies, boards, clergy, staff, members, and volunteers. This authorization shall be in effect until rescinded in writing. A photocopy or other reproduction of this authorization shall be considered as an original.

Signed this _____ day of _____, 2 ____.

Signature of Parent / Legal Guardian

Signature of other Parent / Legal Guardian (if needed)