

MINOR ACTIVITY FORM

Minor's Information			
Minor's Name:		Male () Female ()	
Address:		City:	Zip:
Date of Birth (mm/dd/yyyy):		Current Grade:	
Parent/Guardian Information			
Parent/Guardian Name:		Home/Cell Phone:	
Address:		City:	Zip:
Emergency Contact & Medical Information			
Emergency Contact Person:		Contact Phone Number:	
Physician Name:		Contact Phone Number:	
Medical Problems/Allergies/Food Restrictions:			
Medications taking:		Tetanus Inoculation Date:	
Activity restrictions, if any:			
Health Insurance Information			
Health Insurance Company:		Policy Number:	Group Number:
Insurance Company Phone Number:			

PARENT/GUARDIAN PERMISSION

I, the undersigned, being the parent or legal guardian of the minor named above, give permission for our minor to attend and participate in (check all that apply) Children's Ministry Programs, Youth Ministry Programs, Children's Choir Programs, Youth Choir Programs) sponsored by St. Marys United Methodist Church from the date of my signature to one year thereafter. I certify that my minor is physically fit and adequately prepared to participate in these events. I give permission for my minor to receive transportation in (check all that apply) Church Owned Vehicles, Volunteer Vehicles driven only by drivers screened and approved by St. Marys United Methodist. I further acknowledge that for any

activity or events, I do not wish for my minor to participate in; I have indicated by my initials in the Activity Participation Section below.

MEDICAL TREATMENT AUTHORIZATION

In the event of injury or illness, I hereby give my consent for medical treatment, and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the minor. I agree to assume all costs related to any such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim. I understand as the parent/guardian of the minor, I must provide my own medical insurance for the minor.

I understand that I am responsible for any medical charges for the provision of health care to the minor related to the minor’s attendance at church sponsored program activities/events.

LIABILITY RELEASE

In consideration of my minor being allowed to participate in a church sponsored program activity/event and other valuable considerations the receipt of which is acknowledged, I hereby agree to the following:

(I), the undersigned, understand that there are certain risks inherent in my minor participating in church sponsored activities/events. (I) the undersigned, do hereby release, forever discharge and agree to hold harmless St. Marys United Methodist Church, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, medical expenses, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the Participant(s) while involved in church sponsored activities/events provided said injury, medical expenses, sickness, death or damages and expenses do not result from the negligence, gross negligence or intentional acts of the Church. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant(s), including expenses incurred attendant thereto provided said injury, medical expenses, sickness, death or damages and expenses do not result from negligence, gross negligence or intentional acts of the Church.

PHOTOGRAPH WAIVER

I give consent , I do not give consent (check that which applies) for my minor to be photographed, videotaped or filmed while participating in church sponsored program activities/events, and for the resulting images to be used by St. Marys United Methodist Church for promotional purposes.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date Signed: _____

ACTIVITY LIST - PLEASE INITIAL NEXT TO ACTIVITIES YOU DON'T WISH YOUR MINOR TO PARTICIPATE IN

Parents Initials	Activity/Event	Parents Initials	Activity/Event	Parents Initials	Activity/Event
	Swimming		Zip Lining		Boating
	Paint Ball		Water Skiing		Snowboarding
	Mountain Biking		Archery		Trampoline
	Amusement Park Bumper Cars		Amusement Park Water Slides		Amusement Park Vertical Drop Rides
	Amusement Park Rollercoasters		Bounce Houses		Rope Course
	Go Carts		Batting Cages		Kayaking/Canoeing
	Ice Skating		Paint Ball		Rock Climbing
	Outdoor Camping		Roller Skating		