

GRAFTON UNITED METHODIST CHURCH
Wednesday Youth Children's Information Form

Please return completed forms to: Grafton United Methodist Church
973 Mechanic St Grafton, Ohio 44044
graftonumc@mail.com

Name(s) of Child\Children: _____

Grade(s): _____ Age(s): _____

Birthdate(s): _____

Parent/Guardian's Name(s)

Address:

Email:

Phone/Cell: _____

Additional contact person & phone #

What is the best way to contact you?

Who has permission to pick up your child?

Child's allergies:

Child's special needs:

Medical insurance company _____

Policy # _____

Choice of hospital:

(Child's/Children's Names) _____

has\have my permission to participate Wednesday Youth activities and trips sponsored by Grafton United Methodist Church (referred to below as “the church”).

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named children.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian Signature: _____

Date: _____

Occasionally, Grafton UMC uses photographs/videos of children/youth in publicity such as newspapers, newsletters, brochures, etc. and on the church websites. **No last names will be used on the internet.** Please check one of the options below and sign underneath:

I give permission for Grafton UMC to use my child's picture/video in public materials.

Please do not include my child's picture/video in any publicity.

Parent/guardian Signature: _____

Date: _____