

Elm Springs United Methodist Youth  
**Year Participation Form**

August 2011 . August 2012

I/We give consent for (name of child) \_\_\_\_\_ to attend any events sponsored by Elm Springs United Methodist Church (ESUMC). In the event that he or she is injured while under the care of ESUMC and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. I/We further agree to hold the licensed physician, the medical facility, ESUMC and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment. I/We understand the nature of the event and do hereby release the ESUMC and its representatives from any liability due to accident or injury incurred by my child. I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons. I/We understand that I, or my child, may be traveling in 12 passenger vans, 15 passenger vans, people movers, busses, or personal vehicles of ESUMC adult leaders.

Name of Parent/Guardian (print)

Parent/Guardian Signature

Student's Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone/Other Contact Numbers

Parent Email

Student's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (entering in fall) \_\_\_\_\_

Special Medications or Medication Allergies

Family Doctor/Name of Practice

Doctor's Phone

Insurance Company

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Those in charge will make every possible attempt to contact parents or guardians in the event of injury or other emergency.

\_\_\_\_ Please initial here to indicate that you understand consent forms will be required for special events in addition to this participation form.