

Tomball UMC Family Ministries Event Release Form 2021



Participant Information (Child/Pre-Teen/Youth/Volunteer)

<i>Name:</i>	First	Nickname (if any)	Middle	Last	Date of Birth
<i>Address:</i>	Street	City	State	Zip	Cell Phone Number

Parent/Guardian Information (if applicable)

Name	Relationship to Child/Pre-Teen/Youth	Name	Relationship to Child/Pre-Teen/Youth
Home Telephone	Cell Phone	Home Telephone	Cell Phone
Email		Email	

Emergency Contact

Name	Relationship to Child/Pre-Teen/Youth/Volunteer	Home Telephone	Cell Phone
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Health Information (Please attach a copy of the front and back of your insurance card)

Family Physician	Telephone Number	Primary Medical Insurance Company	Phone Number
Date of Last Tetanus Shot		Policy Number	Responsible Party
Medications		Group Number	Responsible Party D.O.B

General Health Concerns/Past Medical History/Allergies

Authorized Persons to Pick-up Children (infants-4th grade) (in addition to parent/guardian & emergency contact)

<i>Name:</i>	First	Middle	Last	Drivers License #	Date of Birth
<i>Name:</i>	First	Middle	Last	Drivers License #	Date of Birth

Travel Release

I give permission for my child to travel with Tomball UMC (TUMC). I give permission for TUMC authorized volunteers to transport my child/pre-teen/youth. Yes No

Photograph Release

Regarding photographs of my child taken during the **above listed trip**, I **DO / DO NOT** (circle one) give TUMC permission to the following for non-profit use and without charge: use at the discretion of TUMC, display at a service or event or be used in a multimedia presentation, reprint distribution for any TUMC non-profit publication, and/or social media promotion including TUMC website. Yes No

As parent(s), legal guardian(s), or custodian(s) of this child, I/we permit him/her to participate in all officially supervised Tomball U.M.C. Family Programs and Activities for which he/she is registered. **I knowingly release, absolve, indemnify, and hold harmless Tomball U.M.C., its Members, Trustees, Boards, Leadership, and Staff, as well as counselors, organizers, workers and all others acting on behalf of Tomball U.M.C. or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the child named arising out of participation in such programs and activities.** In the event that my child requires medical or dental attention while attending a TUMC event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize the TUMC Ministry Leader, Event Coordinators, or any other adult counselor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred to treat my child whether covered under insurance or not.

I have read and understand this Medical Release & Consent Form and represent that all of the information contained herein is true and correct. I accept and assume all the risks of injury associated with the activities of Tomball UMC Family Ministry.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

As a child, active in the ministry program of Tomball UMC, I agree to uphold the standards of conduct set by the leadership of the ministry. I acknowledge that my conduct reflects the image of Tomball UMC and most importantly, Jesus Christ. I commit to not participate in any conduct deemed inappropriate by the leadership of Tomball UMC at any given event. As for any out of town trips requiring special transportation, I understand that my parents/legal guardians will be charged for any expenses of my early return home.

Children/Pre-Teen/Youth Printed Name

Children/Pre-Teen/Youth Signature

Date