

Release/Permission Form for Church-sponsored Youth Ministry Activities/Events

NAME OF THE EVENT(S) Colonial Hills UMYF activities, which may include overnights and events that take place away from the church with transportation provided by church van, or the private cars of adult supervisory staff, volunteers, and/or sponsors.

DATES OF THE EVENT(S) One year inclusive: June 01, 2009 – May 31, 2010

NAME OF CHILD _____

HOME ADDRESS _____

PARENT TELEPHONE #S _____

HOME _____ **CELL** _____

WORK _____ **OTHER** _____

PLEASE READ CAREFULLY AND CHECK-OFF:

- My child has permission to participate in any or all CHUMC Youth activities as defined, during the referenced time period. I release Colonial Hills United Methodist Church, Staff and all sponsors and volunteers from liability if my child gets hurt.
- In case of medical emergency, I give permission to the medical personnel and facilities selected by adult supervisory staff, volunteers, and/or sponsors to render medical treatment deemed necessary to my child.
- The Emergency Information on the back of this form is valid through the referenced time period UNLESS CHANGED by a parent or legal guardian.

I, _____ will abide by the Covenants of the CHUMC Youth.
Youth Member Name Printed

Youth Member signature and date

Parent/Legal Guardian signature and date

Parent/Legal Guardian signature and date

