

# St. Paul's United Methodist Church - YOUTH RELEASE FORM

This release will be used from September 2023 /August 2024

We, \_\_\_\_\_, parent(s) of \_\_\_\_\_ minor(s), jointly and severally as parents(s) and guardian(s) of the minor child(ren), release and discharge and agree to hold harmless and indemnify the St. Paul's United Methodist Church (SPUMC), its agents, employees, and all persons connected therewith from any and all liability, claims and causes of action of any type whatsoever arising out of, or in any way connected with said child's participation in the activities of the St. Paul's United Methodist Church. I understand my child(ren)/youth may not participate in the activities of St. Paul's United Methodist Church unless I sign this release form.

We further give our permission of our child(ren) to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of St. Paul's United Methodist Church.

By registering or participating in any SPUMC group, activity or event, the parent/guardian is giving permission for the participant's photo to be used in SPUMC publications, print or online, unless SPUMC is given a written request from the parent/guardian to the contrary.

I have read and fully understand this release. Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Relationship

\_\_\_\_\_  
Signature/Relationship

Child's Name _____ First Middle Last	Birth Date _____	Age/Grade ____/____ (as of September 2023)
Medicine youth can <b>not</b> take _____ Allergies _____		
Special health problems/concerns _____		

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Special health problems/concerns _____		

Father's Name \_\_\_\_\_ Father's Work # \_\_\_\_\_

Father's Cellular Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Mother's Cellular Phone # \_\_\_\_\_

Primary Contact email \_\_\_\_\_ Youth email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street City ZIP

Name of another authorized person in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Contract # \_\_\_\_\_ Phone # \_\_\_\_\_