



## Asbury United Methodist Church (AUMC) Youth Ministry Consent Form

**Event Name:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_

**Please Print**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of emergency, please contact:

(#1) \_\_\_\_\_ Phone \_\_\_\_\_

(#2) \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Insurance Information:**

Is participant covered by a medical insurance policy? \_\_\_yes \_\_\_no (don't forget to mail copy of insurance card)

Name of Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy number/Group number: \_\_\_\_\_

### **Medical Information:**

**Immunization Record:** Please list the date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check those medications that AUMC staff/volunteers may distribute to your student. Note that medications will not be distributed without parent/guardian permission.

**Over-the-Counter Medications:**

\_\_\_\_ Headache relief (e.g. Tylenol, Advil, Aleve) \_\_\_\_ Digestive pain relief (e.g. Tums)

\_\_\_\_ Cold, allergy, and sinus relief (e.g. Sudafed, Benadryl) \_\_\_\_ Motion sickness relief (e.g. Dramamine)

Please list all medications, both over-the-counter and prescribed, that student takes:

\_\_\_\_\_  
\_\_\_\_\_

**Circle any allergies:** Hay Fever Poison Ivy Insect Sting Penicillin

Other \_\_\_\_\_

Known dietary restrictions (gluten, lactose, peanuts etc) \_\_\_\_\_

Please list any and all medical conditions: (e.g. Diabetes, asthma, hypoglycemia):

\_\_\_\_\_  
\_\_\_\_\_

Please list any physical or mental limitations: \_\_\_\_\_

\_\_\_\_\_

### Photo/Video Release (please choose one)

#### PERMISSION GRANTED:

I hereby grant permission for my Teen to be photographed and/or videotaped during Asbury Youth Ministry activities and events. I understand that my Teen may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Asbury Youth Ministry and/or Asbury United Methodist Church.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PERMISSION DENIED:

I hereby decline to grant permission for my Teen to be photographed and/or videotaped during Asbury Youth Ministry activities and events. I have instructed my Teen to decline to be photographed and/or videotaped at all times. I have further instructed my Teen to notify Asbury Youth Ministry Leaders and/or Team Members that he/she may not be photographed and or videotaped under any circumstances.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Consent & Liability Release

“Having been made aware of the activities the participant will be doing, I hereby consent to his/her participation. I voluntarily release and forever discharge Asbury United Methodist Church (AUMC) from any and all liability, claims, actions, or rights of action which are in any way related to participation in the event activities. I agree to indemnify and hold AUMC harmless from any and all costs or damages, including attorney fees, incurred in connection with participation in event activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against AUMC arising from participation in event activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution. In case of emergency, I understand every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give AUMC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant’s health, safety and welfare. I release AUMC from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the participation in event activities.”

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Youth Covenant

As a participant, I agree to:

- Be sincere in my motives for attending and to make foremost the goals of personal growth & Christian fellowship.
- Not bring or use any alcohol, tobacco products, illegal drugs, or weapons.
- Not participate in any behavior that endangers other participants.
- Not be in the housing of the opposite gender at any time.
- Be in my room by curfew each night.
- Follow all rules.
- Exhibit appropriate and respectful behavior, attire, and language.

Youth Name: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Covenant and Release

**This must be signed by the parents/guardian of youth participants under 18 years of age.** As a parent or guardian of a participant, I agree to assume full financial responsibility for any damages which my son or daughter might inflict; and for transportation if my son or daughter must be sent home early for any reason.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **RETURN ALL PAGES OF THIS FORM FULLY COMPLETED TO:**

ASBURY UNITED METHODIST CHURCH  
101 LIVE OAK BLVD.  
LAFAYETTE, LA 70503  
ATTN: ASBURY YOUTH DEPARTMENT

#### **YOU MUST**

- Include a copy of your insurance card
- Complete & sign AYM consent form (parent/guardian & student signature required)
- Register online for this event ([www.asbury-umc.org/youth](http://www.asbury-umc.org/youth))

**This form must be turned in to the Asbury Youth Ministries department  
by due date for the particular event.**