

Parental Consent Form for North Raleigh United Methodist Church Youth

Name of Youth: _____

Date of Birth: _____

Street Address: _____ P.O. Box _____

City, State, Zip: _____

Home phone: _____

Father's/Guardian's name: _____

Father's/Guardian's phone: _____ hm _____ cell/wk

Mother's/Guardian's name: _____

Mother's/Guardian's phone: _____ hm _____ cell/wk

Name of Insurance company: _____

Policy number: _____

Insurance company phone #: _____

_____ (Name of youth) has permission to attend and participate in activities sponsored by N. Raleigh United Methodist Church during the 2007-2008 school year and following summer, including August of that year. I/We will submit a new consent form annually by September 1 of the next school year.

While no problems are expected, I/we authorize an adult, in whose care my/our youth has been entrusted, to consent to any necessary medical care and treatment. I/We will be responsible for and agree to pay all costs and expenses incurred in connection with such medical care and treatment rendered.

Should it be necessary for my/our child to return home due to medical reasons, disciplinary action or otherwise, I/we will be responsible for all transportation costs.

I/We give permission for my/our child to ride in any vehicle designated by the adults in whose care my/our child has been entrusted while attending and participating in activities sponsored by N. Raleigh UMC. I/We give permission for my/our child to be provided food and lodging.

I/We release and agree to hold harmless N. Raleigh United Methodist Church, its trustees, directors, agents and employees, and the adults in whose care my/our youth has been entrusted, of any and all liability, claims and demands for personal injury, sickness or death, as well as property damage and expenses, which may be incurred by my/our child while participating in the trip or activities.

I/We agree to defend, indemnify, and hold harmless North Raleigh United Methodist Church, its trustees, directors, agents and employees, and the adults in whose care my/our child has been entrusted, for any liability sustained by them as a result of the negligent, willful or intentional acts of my/our child, including related expenses.

My/Our child has the following allergies: _____

My/Our child has the following special needs: _____

(If more room is needed please use other side or an attachment.)

Parent/Guardian signature: _____