

FIRST UNITED METHODIST CHURCH OF WINDSOR
503 WALNUT ST., WINDSOR, CO 80550
YOUTH GROUP PERMISSION SLIP & REGISTRATION
2013-2014 SCHOOL YEAR

I/We, _____, as the legal guardian(s) of _____ do consent to his/her involvement in youth sponsored activities of the First United Methodist Church of Windsor, 503 Walnut St., Windsor, CO 80550. I/We also give permission for my (our) youth to ride in any vehicle driven by an approved adult chaperone while attending and participating in activities sponsored by First United Methodist Church. My youth and I understand that seat belts (if available) **shall be worn at all times** during transportation.

I/We also give my (our) permission for the leadership of the youth program to admit my (our) child to medical care facilities and give authorization for my youth to be treated immediately if any injury or illness should occur while participating in youth program related activities.

I/We do not hold First United Methodist Church of Windsor, its youth program or any of its leadership, liable for any incident or accident that may occur while participating in the youth program.

I/We understand that in an effort to provide the best possible atmosphere at church sponsored events, youth are expected to cooperate with all advisors at all times. In addition, the possession of and/or use of tobacco, alcoholic beverages and/or any type of illegal drugs are strictly prohibited. If my (our) son or daughter fails to adhere to these guidelines, I/We authorize the persons in charge of the event to take such action as they deem necessary and appropriate, which may include immediate return home at the Parent/Guardian's expense.

I/ We agree that any photos or videos taken by the group can be used by the youth group director in communications such as the church bulletin, the church web site, newsletter and Facebook page. Nothing will be posted to "You Tube" or "Facebook" without permission of those involved.

PARENT'S SIGNATURE: _____

DATE: _____

Please complete the back page of this form. Thank you.

YOUTH'S NAME: _____
ADDRESS: _____
HOME PHONE: _____
PARENTS/LEGAL GAURDIAN'S NAME: _____

CELL PH: _____ WORK PH: _____
CELL PH: _____ WORK PH: _____
HOME PH: _____
YOUTH'S E-MAIL _____
FAMILY E-MAIL _____
EMERGENCY PLEASE CONTACT _____
HOME PHONE _____ CELL PHONE _____

PHYSICIAN'S NAME: _____
PHONE NUMBER: _____

INSURANCE COMPANY: _____
POLICY #: _____

PLEASE LIST ANY ALLERGIES OR MEDICATIONS YOUR
YOUTH TAKES:

ALLERGIES: _____

MEDICATIONS: _____

OTHER CONSIDERATIONS/COMMENTS:

Unless a permission slip is specifically required for a specific event, this
permission slip will cover all activities throughout the 2013-2014 year.