

**Youth Participant Information Form & Permission Waiver**

Central United Methodist Church  
265 West Cheves Street • Florence, SC 29501  
(Office) 843-662-3218 (Fax) 843-662-6120

Youth's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_ Group #/ID: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

**Youth's Medical History**

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any of the following:

Medications the Youth is taking (Prescription or Over the Counter): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions or physical limitations: \_\_\_\_\_

Surgeries & Dates: \_\_\_\_\_

**Permission Waiver**

I, \_\_\_\_\_, give my permission for my son/daughter, \_\_\_\_\_, to attend and participate in all Central United Methodist Church Youth Ministry sponsored activities that take place on and off the church's campus from September 2022 through September of 2023. I also give permission for my minor child to ride on any of the church vehicles or in the personal car of an adult chaperone. I understand that to revoke this document at any time, my request must be in writing.

I understand that there are a variety of activities in which Central UMC youth and guests will participate throughout the calendar year. As such, I realize there is the risk of injury when playing participating in recreational activities, and I am fully aware and appreciate the potential risks involved, which include but are not limited to catastrophic injury, paralysis, and even death. I am also aware that there may be related damages and losses associated with participation in church events.

I release Central UMC, the United Methodist Church, and any other sponsors/hosts of youth events, along with the employees, officers, directors, adult chaperones, and volunteers (collectively "Released parties"), from any claims, losses, or damages arising from or in any way connected with participation in the event, including claims, losses, or damage arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses, or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

I further grant permission for the Minister of Youth Discipleship of Central UMC, or any other appointed adult employee, volunteer, or chaperone, to authorize, or perform if necessary, any emergency medical treatment including emergency transportation, x-rays, the prescribing of drugs, or surgery for my son/daughter if needed. I understand and expressly represent that I will be solely responsible for the payment of any and all medical expenses and any other expenses incurred by the church in obtaining the proper medical care for\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**