

Ridge United Methodist Church
Munster, IN
Information and Authorization Form
For Children and Youth

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Parent (s) / Guardian (s) _____

Phone numbers: (home) _____ (cell) _____

(other) _____

I, _____, the undersigned parent or legal guardian of _____, hereby consent to his or her full participation in the activities of Ridge United Methodist Church, Munster, IN whether on church property or away. I understand that accidents do happen and hereby release Ridge United Methodist Church, Munster, IN and its pastors, youth leaders and other staff members, agents or representatives from any liability, or other legal or financial responsibility for supervision of the above-named child, or for any such injury or damage suffered by that child or his or her parents, guardians or legal representatives by reason of such supervision or lack of supervision, or otherwise by reason of that child's participation in any event conducted or sponsored by that church, in each case absent the gross negligence or willful misconduct of that church. In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize an adult representative of Ridge United Methodist Church, Munster, IN, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child, when neither me nor my assignee can be contacted after a reasonable attempt to do so. I understand that reasonable effort will be made to contact me before such action. I assume financial responsibility for such emergency care.

Signature of Parent / Guardian

Date

Persons to contact in case of an emergency:

Name	Relation to child	Home Phone #	Other #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician: _____ Phone: _____

Medical / Hospital Insurance Carrier _____

Policy / Group Number _____

Allergies: YES NO

If yes, list allergies: _____

Date of last tetanus shot _____

Are activities restricted in any way? YES NO

If yes, please explain

Special Needs – any other information that will help us to better serve your child:

Transportation Release

I, _____, the undersigned parent/guardian of _____, hereby give permission for the above-named child to ride with an approved adult driver. YES NO

Ridge United Methodist Church, Munster, IN will ensure that an approved adult driver is the provider of transportation for official church events, departing from the church. Youth leaving the church property for impromptu gatherings or events, transportation and youth drivers and riders is between the parents of the involved youth and/or the youth themselves.

Signature of Parent / Guardian _____ Date _____

Photo Release for Minors

I, _____, the undersigned parent / guardian of _____, hereby consent that any audio recordings, videotapes and/or photographs of above-named child may be used by Ridge United Methodist Church, Munster, IN, in what ever way they desire, including newspaper, television and website; furthermore, I hereby consent that such photographs, films and recordings, and the negatives or tapes from which they are made shall be the property of that church, and it shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, tapes negatives, and or recordings as it may desire free and clear of any claim on the part of that child whatsoever on my part.

Signature of Parent/Guardian _____ Date _____