

Detroit Conference Waiver & Medical Authorization Form

Please mail this form with your registration form and distribute a copy of this form to your youth leader.

Participant

Last Name _____ First _____ Male ___ Female ___
Street Address _____ Age/Grade _____
City _____ State _____ Zip _____
Phone Number _____ E-mail _____

EVENT NAME

2009 SAGINAW BAY DISTRICT —YOUTH EVENT (S)

***Please note: This form will cover all 2009 S.B. District Youth Events, if no updates are needed, during 2009. Any updates to this form are the assumed responsibility of the participant, parent and/or guardian, prior to the district event. Thank you in advance for your assistance.**

Transportation: I authorize my child, youth or the vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Detroit Conference, its Districts or Agencies by those that are approved drivers from the local church (list church name) _____
I understand that there may be only one adult in this vehicle and that the church (listed above) may or may not have a certified care giver or certified driver of the Conference, its Districts or Agencies.
Parent or Guardian _____ Date _____

Photo Release: I give permission for photographs, video images and/or audio recordings to be used for publicity of United Methodist Ministries.
Signature of Parent or Guardian _____ Date _____

Medical Information: Name of Insurance Carrier _____
Insurance Group Number _____ Policy Number _____
Does participant have any food allergies, physical, mental, or medical issues that staff paid or volunteers should be made aware of? Yes or No (please circle)
If yes, please explain _____
(please use back of this form for additional information)
If prescribed medications will accompany your child they must remain in a prescription bottle with clear directions for administration in a sealed zip lock bag.

I understand that safety precautions will be taken by the Church and its agents during this event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the participant.

Emergency Health Care: I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or certified care giver at an event, programs or activity sponsored by the Detroit Conference, its Districts, or one of its Agencies. A prompt call will be made to the emergency contact numbers provided below.

Emergency Contact Numbers _____ or _____
Parent/Guardian Last Name _____ First _____ Relationship _____
to Participant _____
Signature of Parent or Guardian _____ Date _____