

Children, Tween & Youth Participation Form

In consideration for being accepted by all ministries of First United Methodist Church Dothan from June 1, 2023, to May 31, 2024. The undersigned parent or guardian does hereby release, forever discharge and agree to hold harmless, the Alabama West Florida Conference of the United Methodist Church, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while participating in any ministry.

Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

The undersigned hereby authorizes FUMC Dothan representatives to transport below child in church buses and/or personal vehicles for church-related functions.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred.

The undersigned hereby gives permission to take said participant to a doctor or hospital and hereby authorizes medical treatment including but not in limitation to emergency surgery or medical treatment, and assures the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned hereby assumes all transportation costs.

Name of Participant: _____ Male or Female _____ Date of Birth: _____

Address with City, State, Zip: _____

Age: _____ Grade (as of Aug 2020): _____ School: _____

Physicians Name: _____ Physicians Phone Number: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____ Insurance and Policy Number: _____

Who is authorized to pick up child other than parent/guardian? _____

Known allergies:

Medications currently taking and pertinent health information

I acknowledge and agree to the following (please initial):

- My child will be dropped off no more than 10 minutes prior to service/ministry beginning. _____
- My child will be picked up within 10 minutes of service/ministry ending _____
- I will allow my child to have photos/videos taken and/or published _____

Parent/Guardian Name: _____

Signature: _____

(Please do not sign until notary is present)

State of _____, county of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who is personally known to me or
who has produced _____ as identification.

Seal:

Notary public

Participant Consent Form

Dear Parent or Guardian,

Below are the details for an offsite activity that requires your permission for your child to participate. Please be sure to complete this form, sign, and return it. We will be unable to allow any individual to participate who does not return a signed consent form from their parent or legal guardian. Thank you!

Event Details

WHO:

WHERE:

WHEN:

TIME:

BRING:

Participant Information

Name: _____

Date of Birth ____/____/____

Age: _____ Gender _____

I, _____, (printed name of parent/guardian) being the parent or legal guardian of _____, (printed name of minor) have been informed of the FUMC of Dothan sponsored activity described above and give my consent for my child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. I further agree not to hold FUMC Dothan, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I acknowledge that my child is to be **excluded** from the following activities:

(Signature of parent or guardian)

(Date)

Phone number(s):

E-mail:
