

# MINOR CONSENT AND RELEASE FORM FOR PARTICIPATION, TRAVEL, & TREATMENT

## FIRST UNITED METHODIST CHURCH, PEARLAND, TEXAS

Description of activity/activities covered by this consent:

**Any and all activities that are provided for or sponsored on behalf of the First United Methodist Church of Pearland, TX, on campus or off, for a period to extend from January 1<sup>st</sup> 2010 to December 31<sup>st</sup> of 2010.**

NAME: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Minor's Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

PARENT'S E-MAIL ADDRESS: \_\_\_\_\_

FATHER'S WORK #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ MOTHER'S WORK #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S CELL #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ MOTHER'S CELL #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CURRENT ALLERGIES: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

INSURED'S ID #: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP # \_\_\_\_\_

EMERGENCY CONTACT IF PARENTS CAN NOT BE REACHED:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(OVER FOR SIGNATURES)

**MINOR RELEASE**

By my signature, I, the legal parent/guardian of \_\_\_\_\_, a minor, grant my permission to participate fully in the program(s) or activity(ies) of First United Methodist Church herein described.

I understand that my signature carries with it the following:

Authorization for First United Methodist Church and the designated leaders of an event to obtain necessary medical attention and or treatment for the minor listed herein;

A release of First United Methodist Church from liability and waives any and all claims against church authorities, counselors or leaders, either singularly or collectively, for injury which might be received in preparing for, during, en route to, or at the designated retreat sight(s).

An agreement with First United Methodist Church authorities and program leaders that, I (We) take responsibility with minor for his/her behavior, including any and all damage incurred as a result of negligence or intentional acts by said minor.

PARENT/GUARDIAN NAME: \_\_\_\_\_  
Please Print

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Notarization county of Brazoria, State of Texas.

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

Known to me to be the person whose name is subscribed above, and knowledge to me that he/she executed the same for the purpose therein expressed. Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Notary Public, State of Texas