

# Permission to Participate 2021-2022



Frankton First United Methodist Church

Travel, Emergency Medical Treatment and Photo Release

I, \_\_\_\_\_, the legal parent/guardian of \_\_\_\_\_, give my permission for him/her to participate in FFUMC directed activities under the supervision of screened Paid and/or Volunteer staff.

\_\_\_ I give permission for my child to travel with Frankton First United Methodist Church (FFUMC) whenever the respective ministry schedules activities that involve leaving the FFUMC facility.

\_\_\_ I give permission for my child to ride with an adult in a FFUMC or personal vehicle. I agree that any injury incurred while traveling or while participating in any FFUMC activity is not the responsibility of FFUMC or any supervising adult. I will not hold FFUMC or any attending adult representing FFUMC liable for any accidental injury.

\_\_\_ In the event that an injury should occur, I give permission for my child to receive any necessary medical treatment. This treatment can include and is not limited to: transportation to a medical facility, consultation with a medical professional, and any measures deemed necessary by attending personnel.

\_\_\_ I understand that photos may be taken of my child for use in promotional materials in print and online and give my permission for these uses.

Printed Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

Emergency Telephone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Non-Parental Emergency Contact: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Medical Insurance ID# \_\_\_\_\_ Group # \_\_\_\_\_

Special needs, restrictions or helpful information or instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**(COPIES OF INSURANCE CARDS WILL BE REQUIRED FOR ALL OVERNIGHT EVENT REGISTRATIONS)**