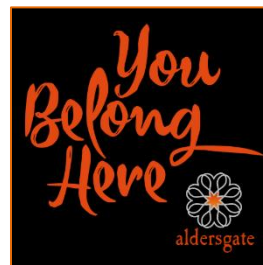


# Aldersgate United Methodist Church

## Student Participation Form 2020/2021



### Student Information

Student's Full Name (First, MI, Last): \_\_\_\_\_

Preferred First Name or Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2020-2021): \_\_\_\_\_

Sports I Play: \_\_\_\_\_

Instruments I Play: \_\_\_\_\_

My Hobbies Are: \_\_\_\_\_

Favorite School Subject: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Favorite Board Game: \_\_\_\_\_

Favorite Video Game: \_\_\_\_\_

What kind of music do you listen to? \_\_\_\_\_



Draw a picture of yourself here.

Three items I can't live without are: \_\_\_\_\_

When I am not in school, I am probably doing this: \_\_\_\_\_

Describe our church as a pizza topping: \_\_\_\_\_

Allergy/Medical Information: \_\_\_\_\_

Other Concerns: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

Student's Social Media Presence: \_\_\_\_\_

### Parent Permission and Information

Parent/Guardian Name: \_\_\_\_\_

Work Phone/Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Preferred Method of Communication (check all that apply): ☐ Work Phone ☐ Cell Phone ☐ Email

Would you like to receive email communications about youth activities and events? Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Contact & Photo Permission:**

May we contact your student directly via text message? ☐ Yes ☐ No

May we contact your student directly via email? ☐ Yes ☐ No

May we take photos/videos of your student to be used in print or online for the purposes of promoting the ministries at Aldersgate UMC? ☐ Yes ☐ No

**TO WHOM IT MAY CONCERN:**

I, the undersigned, certify that I am the parent/legal guardian of \_\_\_\_\_  
(hereafter "student").

I hereby give my consent to have my student to attend and participate in **Children's and Youth Ministries Programs** sponsored by Aldersgate United Methodist Church (AUMC) from September 1, 2020 until August 31, 2021. I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my student in connection with my student's participation in these activities.

**LIABILITY RELEASE:** To the fullest extent permitted by law, I release AUMC, its trustees, officers, directors, employees, agents, volunteers, and representatives (collectively hereafter the "church") from any injury, harm, damage, or death which may occur to my student while participating in the activity and agree to save and hold harmless the church from any and all liability, claims, or demands arising out of my minor student's participation in activities. Furthermore, I (and on behalf of my minor student) hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

**MEDICAL TREATMENT PERMISSION:** As the parent or legal guardian of the minor student, I authorize an adult in whose care my minor student has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor student under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. I understand that efforts will be made to contact me prior to treatment, but in the event I cannot be reached in an emergency I give permission to the activity leader to make the decisions necessary for treatment. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

**TRANSPORTATION PERMISSION and EARLY HOME POLICY:** I hereby give my consent for my student to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by AUMC. My student and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation. Should it be necessary for my student to return home due to medical reasons, disciplinary action, or otherwise the undersigned shall assume all transportation costs and responsibility.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy/Group ID#: \_\_\_\_\_

Emergency Contact if parent/guardian is unreachable: Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_