

New Hope United Methodist Church Summer Youth Outings

May 23rd, 2016 through September 6th, 2016

Individual Participation Form

Participation Covenant for Youth and Adults: I have chosen to participate in the New Hope Youth Group and its weekly outings or Special Events, sponsored by the New Hope United Methodist Church. I will participate fully in all scheduled activities for the events that I attend. I will seek help for others and myself if any problems arise, and honor others through my attitudes and actions. I promise to respect others' property and person, abide by any event curfews and other guidelines of hosting facilities, abstain from using or possessing controlled substances and remain in authorized areas of event locations, retreat centers, and the hotels throughout youth events.

Participant Name _____ Email _____

Participant's Signature _____

Youth or Adult _____ Age _____ Grade _____ Male or Female _____

Cell _____ Special dietary or other needs _____

Parent's Agreement: I will support my child's participation in the events for New Hope United Methodist Youth and accept the conditions of that participation. I permit and accept financial responsibility for adult leaders to obtain and authorize emergency examination and medical treatment for any situation during these events or travel related to them. I have discussed the participation covenant with my child and agree to make arrangements, and will take financial responsibly, for him/her to be returned home early in the event of medical problems or behavioral situations not keeping with the covenant.

I give permission to New Hope United Methodist Church to use any photographs of videos where he or she might be included in any publications that seem appropriate, or on the church website.

Parent's Signature _____ Date _____

Home Phone _____ Cell _____

Please copy Insurance Card below or attach a copy to this form:

**MEDICAL AUTHORIZATION FOR
TREATMENT OF A MINOR/ADULT PARTICIPANT**

For good and valuable consideration, I do hereby release and forever discharge the New Hope United Methodist Church, its officers, members, agents, assigns, and chaperones from any and every right, claim or demand which I have or might otherwise hereafter have against them on account of, connected with or growing out of its sponsored trips and weekly outings:

New Hope United Methodist Church Youth Group

From the dates of: May 23rd, 2016 through September 6th, 2016

I request and authorize hospital medical personnel, agents and employees to provide all reasonably necessary medical care including, but not limited to hospital tests, such as pathology, radiology and anesthesia, surgery and prescription drugs advisable for the health of my child.

I acknowledge that no representatives, warranties, or guaranties as to the results or cures will be made.

The name of the person covered by this authorization is:

NAME OF PARTICIPANT: _____ DATE: _____

SIGNED: (Parent/Legal Guardian/Adult Participant): _____

ADDRESS: _____

TELEPHONE: () _____ CELL PHONE: () _____

Please note any special instructions such as medical problems or allergies if an emergency should develop:

Indicate the name and number of your medical insurance: _____

Full name of parent/adult for whom the policy is written: _____

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Notarization of Participation, Liability, Medical, and Information Release Form

STATE OF _____

PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public, _____ Parish or County _____
State of _____ My Commission Expires _____