

Lenoir First United Methodist Church  
Release Form

Every person attending retreats or outings with Lenoir First United Methodist Church must have a signed release form on file at the church.

Full Name \_\_\_\_\_ Parents Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Youth Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

E-mail Parent: \_\_\_\_\_ E-mail Youth: \_\_\_\_\_

Male/Female Birthdate \_\_\_\_/\_\_\_\_/19\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emer. Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies / Other \_\_\_\_\_

Medications currently prescribed \_\_\_\_\_

Church Attended \_\_\_\_\_ Pastors Name \_\_\_\_\_

Background/group shots excluded- Can pictures be posted on the FUMC Youth Facebook page? YES / NO

**BEHAVIOR STATEMENT:** I understand that this event is for the Christian growth of every individual in attendance, and all instructions given by adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco, or alcohol or illegal drugs. I will not bring weapons of any sort. I will observe the curfew set by my leaders. I recognize that willful failure to comply with instructions can cause serious problems and may result in immediate contact of parents to make arrangements for the youth to be returned home at their own expense. I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated.

Signature of youth \_\_\_\_\_

**PERMISSION FOR MINORS:** I hereby give permission for my child \_\_\_\_\_ to attend Lenoir FUMC events, participate fully in activities, and ride with the church's drivers. In the event that he/she suffers any illness or accident requiring emergency hospitalization while at an event attended by this church, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold Lenoir United Methodist Church responsible in the event of accident, loss, or death.

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