3rd -5th GRADE YOUTH GROUP STUDENT INFORMATION & MEDICAL RELEASE FORM 2021-2022

**CLUB ORANGE
AT WILLIAMSBURG UNITED METHODIST CHURCH**

General Information

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parent)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals Authorized to Pick Up Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Pertinent Health Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Information

Siblings Names and Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to Participate and Transportation Release

I, the undersigned, parent or legal guardian of the above-named youth, do hereby consent to the participation of my youth in all the scheduled weekly youth activities provided by the Williamsburg United Methodist Church.
Further, I give my permission for my youth to be transported to and from the schools, the church, restaurants and other recreational facilities. I acknowledge that my youth will be participating in physical activities.

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

Medical Information and Treatment Authorization

I understand that I will be notified first in the case of a medical emergency. However, in the event that I cannot be reached, I hereby give consent in advance to the designated church youth supervisors and to the physicians and emergency medical personnel and/or hospitals selected by them to render first aid treatment and to make emergency medical decisions on behalf of my youth.

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

Assumption of Risk and Waiver of Liability relating to COVID-19 and other infectious diseases

I, the undersigned, parent or legal guardian of the above-named youth, understand the contagious nature of COVID-19 and other infectious diseases and voluntarily assume the risk that my child could be exposed to these diseases by attending Club Blue Events. I agree to notify the church in a timely manner if my child shows signs and symptoms or tests positive for a contagious disease including but not limited to COVID-19. I voluntarily agree to assume all risk and accept sole responsibility for any injury or illness to my child.

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

Promotional Release

 I agree to allow the use of my youth’s name, image, and video by Williamsburg United Methodist Church in connection with local church purposes for activities, promotional purposes, the website, or other local publications. For the church purposes, I agree to allow images of my youth created through photography, videography, or other electronic means in which the image of my youth appears to be edited, reproduced, and distributed for unlimited use, on whole or in part by Williamsburg United Methodist Church (an example being the placement of text of the group’s name or text of the activity on an activity flyer). I grant the Williamsburg United Methodist Church the royalty-free right to create, re-produce, and use these images in print and electronic form.

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

WILLIAMSBURG UNITED METHODIST CHURCH **STUDENT CODE** OF CONDUCT

As a participant in the youth ministry of Williamsburg United Methodist Church, I understand and agree to the following:

1. I will show respect for God, myself and others at all times.

2. I will obey the instructions of all adult leaders.

3. I will not cause distractions during lessons (this includes not talking unless called upon).

4. I will use language that reflects a Christian attitude. I will not use curse words or other foul language.

5. I will keep my hands to myself and will not engage in any inappropriate touching.

6. I will use my personal electronic devices only at appropriate times such as when directed to do so by an adult leader.

7. I will stay with the group at all times. For example, if we are having a meeting in the youth room, I will not leave the youth room without permission from an adult.

8. I will only leave a youth activity before its published ending time if there has been clear communication between my parent/guardian and the youth minister regarding the specific instance.

9. I will not possess any weapon at any youth ministry activity at the church or away.

10. I will not use, possess or be under the influence of alcohol, tobacco, marijuana or other non-prescribed drugs at any youth ministry activity.

I have read the Youth Ministry Student Code of Conduct and agree to abide it. I understand that repeated abuse of any of the conditions set forth will result in removal from the group.

**Student** Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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