

First United Methodist Church – Pell City, AL
Youth Activities Waiver and Medical Release Form

Note to parents/guardians:

The leaders of the youth ministry at FUMC are given the sacred task of guiding the spiritual formation of youth participants in our programs. We do our best to provide a healthy environment in which our youth may grow in relationship to God and each other. We approach this task seriously, enthusiastically, and humbly. We welcome your input at any time and look forward to helping your youth grow to become a faithful disciple of Jesus Christ.

Sincerely,
Chance Perdue
Youth Minister and WOW Leader

Youth Behavior Covenant of Conduct for all PCFUMC Functions:

I understand that all youth are expected to exemplify Christian behavior in all areas of conduct. This includes appropriate language, respectful and positive interactions with peers (including no public display of affection), and cooperation with all adult leaders.

Signature of Legal Guardian – REQUIRED

Signature of Youth – REQUIRED

I give my permission for _____ to attend all PCFUMC youth events on or off site. I will not hold PCFUMC, church employees, or adult leaders liable for harm to the above-named youth (including injury, illness, or mishap) that occurs during supervised scheduled activities or for any harm my youth causes during such activities. Further I take financial responsibility for any property damage caused by the above-named youth. I understand that the adult leaders of PCFUMC youth events will make all reasonable efforts to protect my youth's safety and well-being. In the event of any emergency, accident, or illness I want the adult leaders to notify me as soon as is reasonably possible.

**IN THE EVENT OF A MEDICAL EMERGENCY, I APPOINT
PCFUMC OR ITS REPRESENTATIVE TO AUTHORIZE MEDICAL
CARE FOR MY YOUTH.**

Full Name of Youth _____ Birth Date _____

Name and Relationship of Legal Guardian _____

Two Emergency Contacts' Phone Numbers _____

Insurance Company _____ Policy Number _____

Doctor's Name _____ Office/Hospital Number _____

Special Needs/Medications _____

Printed Name of Legal Guardian _____

Guardian Signature _____ Date _____