



THE UNITED METHODIST
 CHURCH OF CHAGRIN FALLS
 20 SOUTH FRANKLIN STREET
 CHAGRIN FALLS, OHIO 44022
 440-247-5848



YOUTH MEDICAL WAIVER / GENERAL PERMISSION FORM

SEPTEMBER 1, 2018- AUGUST 31, 2019

PLEASE PRINT

YOUTH NAME _____ BIRTH DATE _____ GRADE _____

PARENTS' / GUARDIANS' NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ — _____ MOTHER'S CELL (_____) _____ — _____

YOUTH CELL* (_____) _____ — _____ FATHER'S CELL (_____) _____ — _____

YOUTH E-MAIL _____

PARENT E-MAIL(S) _____

In case of emergency and the parents cannot be reached, contact:

NAME _____ RELATIONSHIP _____

HOME PHONE (_____) _____ — _____ CELL PHONE (_____) _____ — _____

HEALTH INSURANCE CARRIER _____

POLICY NO. _____ PHONE NUMBER (_____) _____ — _____

PHYSICIAN _____ PHONE NUMBER (_____) _____ — _____

DENTIST _____ PHONE NUMBER (_____) _____ — _____

List any allergies, medications, or other conditions we should know about:

By registering to go on any youth sponsored events, I am committing myself to participate responsibly and agree to follow the rules of the event and our group. I understand not following these rules will result in my parents being called to come pick me up.

YOUTH SIGNATURE _____

I hereby give permission for the above-named youth, for whom I am the parent or legal guardian, to participate in the youth activities sponsored by The United Methodist Church of Chagrin Falls, its staff, or volunteers. I assume all risks of accident, injury, or damages to the child and I understand and agree that no employee or agent (whether employed or working as a volunteer) of the church will be held liable for any accident, injury, or damages resulting to the child or to myself from the activity. In case of emergency or accident at the activity, I hereby grant permission to an attending physician to administer any medical attention deemed necessary. I also agree to come pick my child up if he or she is not following the rules of the event or our group.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

*YOUTH CELL OPTIONAL!

I do not want my youth's picture (names will NOT be used) on the church's website.