



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, 2019- AUGUST 31, 2020

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.