



## **Youth Ministry Permission, Medical and Recording Release**

*Once this form is complete, it will go on file for ALL youth ministry events from September 2018 through the end of May 2019.*

My child, whose name appears below, has my permission to participate in the youth ministry activities sponsored by the multisite youth group, God's Squad, for grades 3-12 for the 2018-2019 school year. God's Squad includes buildings, events, resources, and clergy, staff and lay teams from the churches of Barrington UMC, First UMC of West Dundee, and Comunidad Cristiana for students between the 3rd grade through 12th grade. If I wish to withdraw my permission for a particular event or activity, I will put that withdrawal in writing at least 10 days in advance of the event. I also accept responsibility for notifying the Director of Youth Ministries with any and all changes to the information included on this form. I understand that none of the multisite churches, the United Methodist Church, nor any of their agents are responsible for any medical expenses as a result of any injury sustained by my child. As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger their life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

I also give permission for recordings of events including my child, whether audio, video, or photograph to be used and published in places such as, but not limited to, the Sunday bulletins, the multisite churches' websites, the God's Squad social media platforms, church productions, etc. Such use of recordings will NOT include full names or any personally identifying individual information. I understand that I have no right to inspect and/or approve the promotional productions in which my child's first name, recording, and/or other information about my child's relationship with God's Squad and the multisite churches is used. I also understand that I have no rights to such recordings or productions. I agree that under no circumstances shall I have a right to maintain any cause of action against Barrington UMC or First UMC of West Dundee for anything done pursuant to the terms of this Release, or against anyone else acting by virtue of the terms of this Release.

**BARRINGTON**  
UNITED  
METHODIST **CHURCH**

98 Algonquin Road  
Barrington, IL 60010-6145



**First United**  
**Methodist Church**  
WEST DUNDEE

318 W. Main Street  
West Dundee, IL 60118

This Release is completed and signed of my own free will with the purposes of giving permission for my child's participation in youth ministry events, authorizing medical treatment under emergency circumstances in my absence, and allowing recordings that include my child to be published for promotional purposes without personal information.

Youth Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Youth Cell # (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies, chronic illnesses, or medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else we should know about your youth? (ex. Fear of heights, car sickness, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relation, & Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_