

2017

Student Information Sheet

Students Name(s): _____ DOB _____ / _____ / _____
_____ DOB _____ / _____ / _____
_____ DOB _____ / _____ / _____
_____ DOB _____ / _____ / _____

Home/Mailing Address: _____

Student(s) Phone/email: _____
please indicate which student

Student(s) School & Grade: _____
please indicate which student

Parent(s)/Guardian(s) Name(s): _____
please indicate relationship to student(s)

Parent(s)/Guardian(s) Phone/email:
please indicate for whom

Additional Important Information about Student(s):

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PERMISSION & WAIVER FORM 2017 (1)

I, _____, the Parent/Guardian,
do grant permission for my child, _____,
to participate in the activities sponsored by the Conyers First Students UMYF of Conyers First United Methodist Church. I also grant permission for my child to receive any medical emergency care and authorize the leadership team to obtain that care for my child when deemed necessary and appropriate, understanding that either a parent/guardian or emergency contact is notified. I agree to be solely responsible for the total costs of all medical care on behalf of my child. In the event where medical attention may be provided to my child by the leadership team in connection with Conyers First Students UMYF, I hereby release the leadership team, as well as the UMC North Georgia Conference, from any and all liability in connection with my student's participation in the Youth Ministry programs.

SIGNATURE OF PARENT/GUARDIAN DATE

I, _____, as a participant, agree to fully participate in the planned programs and activities of the Conyers First Students UMYF of Conyers First United Methodist Church. I also agree to follow the rules and guidelines set by the UMYF leadership team. I understand that failure to abide by the rules and guidelines may result in my parent/guardian being contacted and me possibly being sent home from an event/retreat.

SIGNATURE OF STUDENT DATE

SIGNATURE OF PARENT/GUARDIAN DATE

PERMISSION & WAIVER FORM 2017 (2)

STUDENT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN EMAIL: _____

HOME PH: (_____) - _____ - _____

WORK PH: (_____) - _____ - _____ CELL PH: (_____) - _____ - _____

ALLERGIES, TAKING ANY MEDICATIONS, SPECIAL CONDITIONS(IF SO, BE SPECIFIC) :

EMERGENCY CONTACTS (NAME AND PHONE NUMBERS):

1. _____
2. _____

MEDICAL INSURANCE COMPANY AND POLICY #: _____

(Please Attach a Copy of Your Insurance Card)

NAME OF PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERMISSION & WAIVER FORM 2017 (3)

Students Name: _____

Functions and Activities:

I understand that participating in programs, recreation and other activities of Conyers First Students UMYF is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be others risks inherent in these activities of which I may not be presently aware.

Release of Liability:

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the Child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where my child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Parent/Guardian(s) Name: _____

(please print)

Parent/Guardian(s) Signature: _____

(please sign)

Date: _____

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TRIP AGREEMENT AND GUIDELINES

WE AGREE:

2. To exemplify a Christian attitude at all times because we are the representatives of Christ to the world. Therefore our language, our walk, and our attitude will be pleasing to Christ.

To respect other people's property at all times and refrain from destroying anyone's possessions: physically, mentally, or emotionally.

3. That cellphones, Ipods/Ipads, mp3 players, and cameras are not the responsibility of Conyers First Students UMYF and are discouraged from being brought on trips. We ask that you UNPLUG during our trips/retreats and TUNE in to God and each other. All Chaperones will make their phone numbers available to parents with students attending the trip and will be available for contact during that trip (*please only for emergencies*). We also will designate a Chaperone to take pictures and videos that can be posted on Facebook for you to share with your friends after the trip. We ask that you leave cell phones, cameras, and other electronics at home during our trips/retreats.
4. To show utmost appreciation and respect for all leadership (Youth Pastor, Adult volunteers, Special guests, etc.)
5. To do everything in our power to make the trip comfortable and enjoyable for everyone participating.
6. To be on time for all scheduled events or times of departure.
7. To stay in groups no smaller than three, and when asked, have an adult with those groups.

CONDUCT THAT WILL ABSOLUTELY RESULT IN A STUDENT BEING SENT HOME

1. Anyone caught using: Drugs, Alcohol, Tobacco, or anyone involved in Shoplifting or Sexual Misconduct.
2. Anyone caught bullying whether physically or verbally

FURTHERMORE:

In the event of someone being sent home from a trip, it will become the parent/guardian's responsibility to arrange for transportation home. The Youth Minister with the advising of other Adult Volunteers will make decisions on other discipline problems. We reserve the right to call a parent/guardian's attention to their student's conduct and to make decisions concerning these matters.

STUDENTS NAME(PRINT/SIGN): _____ DATE _____

PARENTS NAME(PRINT/SIGN): _____ DATE _____

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MEDIA RELEASE FORM

Dear Parents,

Conyers First Students UMYF is a growing ministry of the Conyers First United Methodist Church and as such we have many exciting events throughout the year for our students. These events are for our student's enjoyment and they are also a form of outreach for bringing in new students and families to Conyers First. We attempt to promote these events through fliers, facebook albums, promo packets, website, and more. We are constantly taking pictures at these events to be used in these different areas.

We need a legal guardian's permission to do these things and ask you to read and respond to the information below. If you choose not to grant permission, this will in no way affect your child's opportunity to participate in any Conyers First Students UMYF programs or events.

So that we can honor your wishes, mark the box indicating your choice and sign the release. Please return this form to Joshua Hudson (Youth Minister).

Please call if you have questions or concerns at (770)-483-4236 ext 115.

Release Form for Conyers First Students UMYF Member: _____
Please print student's name.

MEDIA RELEASE FOR A MINOR (please check appropriate box)

I, the undersigned, being legal guardian of the student listed above, grant to Conyers First United Methodist Church & Conyers First Students UMYF the right to use his/her image for broadcast or publication in any and all media. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

OPT OUT:

I do not grant permission to use my student's photograph, likeness, video or voice recording with or without his/her name, for broadcast or publication in any and all media.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

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PERMISSION TO TRAVEL IN A PERSONAL VEHICLE

At times through out the year we may have a trip where one of our Adult Volunteers drive their personal vehicle to accommodate our numbers. We need to know if you are ok with your Student riding in a vehicle other than the Church Van or a rented Van. We will use this information to decide whether or not we need to rent vans to accommodate students at different events throughout the year. You do not have to give permission and you will not be looked at any differently if you choose to decline.

I give _____ permission to travel in a personal
(students name)

vehicle to and from events sponsored by the Conyers First Students UMYF program at Conyers First United Methodist Church during the 2017 calendar year.

I do here by release from any and all liability and otherwise hold harmless Conyers First United Methodist Church, any and all adult volunteers or church staff acting in their supervisory capacity for personal injury, property, or other type of loss which occurred as a result of riding in a personal vehicle to and from a Conyers First Students UMYF event.

OR

I do not give _____ permission to travel in a
(students name)

personal vehicle to and from events sponsored by the Conyers First Students UMYF program at Conyers First United Methodist Church during the 2017 calendar year.

STUDENTS NAME: _____

STUDENTS SIGNATURE: _____

PARENTS NAME: _____

PARENTS SIGNATURE: _____

DATE: _____

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