



CAMP HILL UMC

STUDENT MINISTRIES

Student Last Name: _____

Please include all students (6th-12th grade) in your household on this form!

Student First Name	Birthday (mm/dd/yy)	Current Grade	Cell Number (if applicable)	Allergies/Regular Prescriptions

Primary Address
Street: _____
City and Zip: _____

School District: _____

Parent/Legal Guardian Names: _____
Cell number for _____: (____) _____ - _____
Cell number for _____: (____) _____ - _____

Parent Email(s): _____
(Please add all emails in which you would like to receive CHUM Student Ministry news and updates.)

Please list two more emergency contacts:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Doctor: _____ Phone _____

Additional Medical Information (if any):

Primary Insurance Company: _____
Policy Holder's Name: _____
Relationship to Children: _____
ID #: _____
Group/Policy #: _____

****PLEASE READ AND COMPLETE THE BACK OF THIS FORM****

Camp Hill United Methodist Church Student Ministry Medical/Liability/Photo & Social Media Release Form

Statement of Consent: Medical Release

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the above named parent or guardian cannot be reached, I hereby authorize the church minister(s), staff members, or adult volunteer(s) present on such a trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization or such other medical practices as they deem necessary.

I am aware that my child will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport, or activity. My child may be exposed to extraordinary physical hazards, weather conditions, or other unknown elements. I have noted any and all conditions which may affect my student's participation on this Medical Release Form*.

I further state that I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medication he/she takes. I agree to revise the information as it may change between September 1, 2019 and August 31, 2020 so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

Parent/Guardian Signature _____ Date _____

*Medical Release Forms currently on file may be reviewed at any time and updated as needed

Yearly Release of Liability

The undersigned parent(s), legal guardian, or legal custodian of _____ (name of child/children) authorize the minor to participate in Youth Ministry Activities scheduled to take place between September 1, 2019 and August 31, 2020. In exchange for allowance of said minor to participate in said event, the undersigned fully releases Camp Hill United Methodist Church, the Susquehanna Conference of the United Methodist Church, and the General Conference of the United Methodist Church, and all employees, staff, volunteers, licensees, affiliates, independent contractors of same, for any injury, physical or mental to said minor, as a result of the participation in said activities including, but not limited to, transportation to and from said activity and participation in said activity itself. I do hereby assume all risks and I agree to release and hold harmless Camp Hill United Methodist Church, its representatives assistants, employees, and all related entities from any and all liability, loss or damage actions, claims and demands, which my student now has or which may arise from their participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

Parent/Guardian Signature _____ Date _____

Photo/Media Release

I hereby grant permission for you to photograph, videotape, and/or to record my child's voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising (including internet/websites), displays, or in exhibition uses. I hereby grant and assign to Camp Hill United Methodist all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein. The parties to this contract expressly agree that the laws of Pennsylvania shall govern the validity, construction, interpretation, and effect of this contract. If I no longer desire to abide by this agreement, I will contact Camp Hill United Methodist to remove my child from this photo release. I hereby approve and consent to the use of _____'s (name of child/children) video image, as well as comments and opinions expressed, according to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature _____ Date _____

Permission to Communicate with your Child via Electronic Devices

Camp Hill UMC is committed to creating a safe ministry environment. This includes promoting a healthy environment for texting and all other electronic communication between youth workers and students who participate in youth activities. As a result, youth workers have read the Youth Ministry Communication Policy and agree to its terms. (Copies available upon request)

We understand that the ministry does not allow youth workers to transmit or receive any electronic content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing, or disrespectful. We also understand that the ministry cannot guarantee that all minors participating in youth activities will abide by the policy's terms. However, we realize that the ministry will seek to enforce the policy's terms to the best of its ability.

Youth workers of Camp Hill UMC have my permission to Communicate with my son(s) and/or daughter(s) via, text messaging, email, phone, social media and all forms of electronic communication.

I understand and agree to the terms of this policy. I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature _____ Date: _____