

2012 Winter Blitz

Parent/Guardian Consent Form and Liability Waiver

Date of Event: January 27 – 29, 2012 **Cost:** \$25

Destination: Crowne Plaza and Broadbent Arena in Louisville, KY

Who: Youth in Grades 6 -12

Transportation: Church Van or car

Participant's Name:

Birth Date: _____ Gender: M / F Grade: _____

Parent/Guardian's name: _____

Home Address: _____

Phone Number: _____

I give my permission for my child to participate in this event that requires transportation away from Williamstown United Methodist Church. This activity will take place under the guidance of volunteers from Williamstown United Methodist Church.

As parent/guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself and my child to hold harmless Williamstown United Methodist Church from any claim arising from my child attending this event.

I authorize Williamstown United Methodist Church to use photos and videos taken during this event for church purposes.

Signature: _____ Date: _____

Code of Conduct

The following rules are expected to be followed by all Williamstown United Methodist Church Youth Group Members and Guests.

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel in this event, including chaperones, staff, and transportation personnel.
- Be on time.

I agree that if any of these terms are violated Williamstown United Methodist Church volunteers can send the participant home at the participant/guardian's expense.

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____

Medical Permission Form

I grant permission for the administration of first aid to

BY THE PEOPLE IN CHARGE OF THE EVENT and those transporting my child to and from the program as their judgment deem advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger a life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I can not be reached I give permission to the physician selected by the Williamstown United Methodist Church leaders in charge of the event and/or emergency personnel.

Parent/guardian signature:

Phone number: _____

Medications: My child is taking medication at the present. My child will bring all medications necessary in the original container. The container should include instructions for dosage and frequency.

List of medications:
