

Clemmons: One Youth / Confirmation

2021-2022 Youth Profile and Medical Release Form



YOUTH PROFILE

Youth Full Name: _____

Birthday: ____ / ____ / ____

Grade: _____ School Name: _____

T-shirt size: _____

Youth Cell Phone: (____) _____ Allow Texting: Yes No

Youth Email Address: _____

Address: _____
Street City State Zip

PARENT/CUSTODIAN INFORMATION

Parent(s)/Custodial Adult(s)' Names(s):

Parent/Custodian 1 Parent/Custodian 2

Work Phone(s): (____) _____ / (____) _____
Parent/Custodian 1 Parent/Custodian 2

Cell Phones(s): (____) _____ / (____) _____
Parent/Custodian 1 Parent/Custodian 2

Email Address: _____ / _____
Parent/Custodian 1 Parent/Custodian 2

Address (if different from youth):

Street City State Zip

EMERGENCY CONTACTS

CONTACT 1

Name: _____

Relationship: _____

Phone: (____) _____

CONTACT 2

Name: _____

Relationship: _____

Phone: (____) _____

HEALTH INFORMATION

Insurance Company: _____

Insurance Group/Policy #: _____

Policy Holder Name: _____

Policy Holder Identification #: _____

Family Physician: _____ Phone: _____

Date of Last Tetanus Shot: _____

**Please attach a copy of your youth's insurance card – front and back – with this form.
This form is valid until September 2022.**

ALLERGIES, DIETARY RESTRICTIONS, MEDICAL CONCERNS OF WHICH CLEMMONS: ONE YOUTH LEADERS SHOULD BE AWARE:

Food: _____ Drug: _____

Animal: _____ Other: _____

Special Dietary Needs:

Health limitations/concerns of which we should be aware:

Does your youth require any medication? Yes No

If yes, name of medicine and dosage information:

Are there any medications your youth **cannot** take?

My child has permission to be given Tylenol or Ibuprofen if they request it: Yes No

Additional concerns or circumstances that we should be aware of:

MEDICAL RELEASE

I, _____ give permission for _____ to participate in all activities, trips and events with the Clemmons United Methodist Church (Clemmons:One & Confirmation) from September 1, 2021 through August 31, 2022. In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Clemmons United Methodist Church, every reasonable effort will be made to contact the persons listed on page 1 of this form. If unsuccessful in contacting the persons listed, consent/permission is authorized for medical treatment by medical personnel. In an emergency situation, consent/permission is authorized for medical treatment to be administered by medical personnel without contacting me or the other emergency contacts.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying Clemmons:One adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, on behalf of myself, my child and for myself and all other persons, hereby release and hold harmless Clemmons United Methodist Church and its adult leaders for any injury, illness, death or other accident that may occur while participating with the Clemmons:One youth program. I understand that activities, trips and events may involve travel as well as involvement in physical activities of which both tasks are potentially dangerous. I understand that Clemmons United Methodist Church does not carry medical insurance on people participating in Clemmons United Methodist Church or Clemmons:One Youth activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

Parent/Custodian Signature – if youth is a minor

Date

Participant Signature – I certify I am 18 years or older

Date

MEDIA RELEASE

I/we give permission for images or video of my child to be used on Clemmons United Methodist Church and Clemmons:One website, social media, and other church publications as well as outside publications such as newspapers and social media pages for organizations Clemmons:One has partnered with.

Parent/Custodian Signature – if youth is a minor

Date

Participant Signature – I certify I am 18 years or older

Date

COVID-19 LIABILITY WAIVER

I am fully aware of the fact that there are special dangers and risks associated with participation in Clemmons:One youth programming, including by not limited to the potential for exposure and contracting of COVID-19 coronavirus.

I understand and assume all risks of sickness, injury, death, damage, and liability arising from participation in any activity in conjunction with Clemmons:One Youth program of Clemmons United Methodist Church from September 1st, 2021 until August 31st, 2022. I understand that the Clemmons United Methodist Church youth minister or approved Clemmons:One adult leaders can contact me anytime with concerns related to my child(ren) and my child(ren)'s health. I have read this Release of Liability and Assumption of Risk Agreement and fully understand this agreement. I hereby release and hold harmless Clemmons United Methodist Church, its staff, leadership, and members, Clemmons:One adult leaders and volunteers, and The Yadkin Valley District of the United Methodist Church staff and leadership, and all others involved in the administration from any liability, actions, causes of action, claims, judgements costs or expense, including any known or unknown at this time that arise out of or in any way related to any sickness, injury, or death that incurs by my child while participating in Clemmons:One Youth programming. I have voluntarily chosen to allow my child to participate and assume all risks.

Parent/Custodian Print Name: _____

Parent/Custodian Signature: _____

Date: _____

ADDITIONAL INFORMATION:

Please describe your youth's personality:

What are your youth's fears in life? What brings your youth joy and peace?

Is there any additional information you think would be beneficial for me to know?