

# Clemmons: One Youth / Confirmation

2020-2021 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 2021.**

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, 2020 through August 31, 2021. 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 but not limited to the potential for exposure and contracting of COVID-19 coronavirus.

To minimize and/or eliminate exposure to COVID-19, Clemmons:One programming will:

- Take temperature checks upon youth and leader arrival for all on-campus programming. Persons with a fever of 100.4 will be asked to leave and will be quarantined separately from other participants until a person is able to leave.
- Clemmons:One programming will take place outside as much as possible until it is deemed safe to meet inside in small or large groups by the CDC, NCDHHS, and our Clemmons UMC Protocol Team.
- Clemmons:One equipment and supplies will be cleaned and sanitized after each day of use and/or in between persons.
- Clemmons:One participants (youth and adult) will wear masks whenever within 6" of another person at all times.

To minimize and/or eliminate exposure to COVID-19, Clemmons:One youth and parents will:

- Notify the Clemmons:One youth minister if your youth or anyone within your family has been confirmed COVID-19 positive or has been directly exposed to someone who was confirmed COVID-19 positive.
- If COVID-19 positive, your youth will quarantine (from all Clemmons UMC and Clemmons:One programming) until cleared by a verified doctor.
- Refrain from sending your youth to any Clemmons:One programming if your youth has had a fever within the last 24 hours without the use of medication.
- Follow all safety guidelines and rules for Clemmons:One programming.

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 1<sup>st</sup>, 2020 until August 31<sup>st</sup>, 2021. 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: \_\_\_\_\_