

Youth Group Permission Slip and Registration

My child has my permission to participate in the United Methodist Youth Fellowship activities/events for the school year 2023/2024 being sponsored by the First United Methodist Church-Redding. I understand that this program includes having my middle or high school student(s) together with other students and with adult supervision. Activities include but are not limited to: bowling, movies, out-of-town outings, service projects etc. Any fees associated with the events will vary and are the responsibility of the parent unless otherwise stated. I also understand that my child(ren) may be transported in private automobiles by designated First United Methodist Church-Redding employees and/or designated adult leaders or parents. I understand that in the event medical treatment is required for my minor child, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff/volunteers of the First United Methodist Church of Redding, California, to obtain and consent to any medical treatment deemed necessary to advisable and rendered by any physician or surgeon licensed under the provisions of the Medical Practices Act, whether treatment is rendered at an office, hospital, or urgent care facility.

\_\_\_\_ I agree

We ask that children be checked for signs of illness prior to attending Youth Group. Please do not bring your student if they are having any flu-like symptoms or fever.

\_\_\_\_ I agree

Student's First Name \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student's Grade \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Student's Email \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

Allergies/Medical Needs/What else would you like us to know about your student?

\_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Cell Phone \_\_\_\_\_

Parent/Guardian's Email \_\_\_\_\_

Medical Insurance Carrier & Policy Number \_\_\_\_\_

You have my permission to use photographs, slides, or videos in which my child(ren) appears for First United Methodist publicity purposes, including, but not limited to, our bulletin boards and webpages.

\_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date