

Resurrection Ministries Youth Group Consent Form: June 2019-July 2020

Participant's Name: _____ Date of Birth: ___/___/___
Address: _____ City: _____ Zip: _____
Name of parent(s) or guardian(s) _____
Cell: (____) _____ - _____ Work Phone (____) _____ - _____
Other Person to call in Emergency: _____ Relationship: _____
Emergency Contact Phone: (____) _____ - _____ Cell or alternate: (____) _____ - _____

Photo and Video Release

During church activities, photos and videos may be taken for use on Resurrection's Website and Youth Group Social Media Accounts.

Please check one:

- I agree that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.
- I agree that photographs, images and/or video of my child may be used for any publications *EXCEPT*:
 Rez's Website Instagram Facebook Email
- NO, I do not want my child's photograph, image or video used in any way.

Medical Release

Please fill out the following questions about the participant's medical history to the best of your knowledge.

Is the participant presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does the participant have, or has the participant ever had, any of the following? (Please check all that apply.)

- Asthma Allergic Reactions Heart or Respiratory problems Epileptic Seizures Diabetes
 History of headaches, dizziness, or fainting Any current injuries might limit participation in physical activities

Please explain. _____

Does your youth ever sleepwalk? Yes No Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain. _____

Please list any other information that our staff should be aware of for emergency situations, any medical information, or mental conditions that has not been already stated that could effect participation.

Family Doctor: _____ Doctor's Telephone: _____
Insurance Company: _____ Policy Number: _____

I give my child permission to participate in all scheduled youth activities of Resurrection Ministries, and any other supervised activities customarily associated with its youth group. I have filled out this medical release form to the best of my knowledge and hereby authorize the Resurrection Staff and/or it's representatives to authorize medical attention for my child including, but not limited to x-rays, injection, anesthesia, or surgery, in the event of an emergency. I understand that this release/permission form is valid by my signature for all the events for which my child registers for the entire following time period: June, 2019 – July 2020. Each participant is responsible for any medical expense and should be covered by their own sickness and accident insurance. I understand that it is my responsibility to inform Resurrection of any changes of status for the items on this form.

Parent or Guardian's Signature: _____ Date: _____