

For activities and trips June 1, 2007 – June 30, 2008

First United Methodist Church

401 S. Spring Ave.
Sioux Falls, South Dakota
Phone 336-3652

Name _____ Sex M F

Date of Birth _____ Age _____ Grade in August 2007 _____

School _____

Address _____ City _____ Zip _____

Family Doctor _____ Phone _____

Preferred Hospital _____

Hospitalization Insurance Company _____

Policy Number _____

Allergies/Medical Conditions _____

Mothers Name _____ Fathers Name _____

Mothers Phone _____ Fathers Phone _____

Please list the name of the nearest relative/neighbor to be contacted in case of an emergency:

Name _____ Relation _____ Phone _____

Release and Hold Harmless Agreement for First United Methodist Church

By my signature, I _____, the parent or guardian of _____

grant my permission for him/her to participate fully in any activities or trips sponsored by First United Methodist Church. I understand that my signature carries with it the following:

- An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
- The release of medical information necessary to provide treatment.
- I knowingly release, absolve indemnify and hold harmless First United Methodist Church from all claims that might result from an injury or death of a minor. This agreement pertains to all programs and activities including those where transportation is provided.
- Should medical help be needed, I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature _____ Date _____

I give my permission for the above named child to be in pictures taken related to activities or trips sponsored by First United Methodist Church used for historical and promotional purposes, and that may be placed on the church's web site.

Signature _____ Date _____