

Jesse Lee Memorial United Methodist Church Participant Contact & Medical Information Form for the 2022-2023 School Year

Effective June 1, 2022 – September 30, 2023

ONE PARTICIPANT PER PAGE | INCOMPLETE FORMS WILL NOT BE ACCEPTED

Participant's Name: _____ Birthdate: _____
Street Address: _____ School Grade 2022-2023: _____
City: _____ State: _____ Zip: _____ Home Ph: _(_____)_____

Parent/Legal Guardian Electronic Contact Information

Mother's Name: _____ Father's Name: _____
SAME HOUSEHOLD SAME HOUSEHOLD
Mother's Email: _____ Father's Email: _____
Mother's Cell Ph: _(_____)_____ Father's Cell Ph: _(_____)_____

Participant's Electronic Contact Information

Do not put any parent contact information in this area. Leave blank if participant does not have a cell phone or Email address.

Participant's Cell Ph: _(_____)_____ Participant's Email: _____

Emergency Contacts Information

Do not put any parent contact information in this area. We need two additional contacts in case we cannot reach parents during an emergency.

Contact's Name: _____ Phone Number 1 : _(_____)_____
Relation to Participant: _____ Phone Number 2 : _(_____)_____
Contact's Name: _____ Phone Number 1 : _(_____)_____
Relation to Participant: _____ Phone Number 2 : _(_____)_____

Insurance Information

Insurance Company Name: _____ Group Number: _____
Name of Policy Holder: _____ Policy Number: _____
Employer of Policy Holder: _____ Phone: _(_____)_____

Medical Information *Does the participant suffer from any of these?*

Asthma Epilepsy Diabetes Heart Trouble Seizures Special Needs ADD/ADHD
Allergies to Food, Medications, Insect Bites, or Pollen Other

Please explain in detail:

I certify that this information is both complete and correct. I understand that submitting an incomplete form will limit my minor child's/ward's eligibility for participation in Jesse Lee Youth activities. Should anything change, I will submit an updated form.

Click here to add another participant.

Participant(s):

JESSE LEE CHURCH RELEASE, LIABILITY WAIVER and MEDICAL AUTHORIZATION

I understand that participation in Jesse Lee Church activities between June 1, 2022, and September 30, 2023, will expose my minor child/ward to a variety of situations, some of which may be potentially dangerous. I hereby grant permission for my minor child/ward to participate in each and every one of the activities which may be offered throughout the year. In exchange for the opportunity for him/her to participate, I hereby release, discharge and covenant to protect, indemnify and hold harmless Jesse Lee Memorial United Methodist Church of Ridgefield (the Church), its trustees, employees, agents, volunteers and all persons connected with the Church, from any and all claims of whatever kind or nature, including NEGLIGENCE, arising from or out of such participation which I may now or hereafter have individually or as the parent or guardian of my minor child/ward. Further, I agree to indemnify and hold harmless Jesse Lee Memorial United Methodist Church of Ridgefield, its trustees, employees, agents, volunteers and all persons connected with the Church from any claims which my minor child/ward may acquire now or after reaching majority as a result of his/her participation in Jesse Lee Church activities.

I understand that my child/ward's participation in Church events is contingent upon his/her compliance with all Church rules and guidelines. In the event Church representatives deem that my child/ward has failed to abide by the rules governing an event or that his/her behavior has compromised the safety, well-being, or enjoyment of the other participants, he/she may be asked to leave the event. I understand that in such a situation, I will be responsible for arranging his/her transportation home.

I also give my consent individually and on behalf of my minor child/ward for the Church to use photographs and/or video or audio recordings made during my or my minor child/ward's participation in Church activities for its/their charitable purposes, and to share such images or recordings with other participants.

I also understand that it is possible that my minor child/ward may become ill or injured during participation in youth activities and agree to be responsible for arranging for his/her transportation home if requested to do so.

In the event that my child/ward should become so ill or injured during participation in youth activities so as to require medical treatment and I cannot be reached, every reasonable effort will be made to contact the Emergency Contacts listed. If those contacts cannot be reached, I consent individually and on behalf of my minor child/ward to be treated by licensed medical personnel. I authorize the treating medical personnel to disclose confidential medical information to the adult chaperone(s) accompanying my minor child/ward and for the adult chaperone(s) to secure proper treatment including injections, anesthesia, or surgery upon the recommendation of and in consultation with medical personnel. I agree that my health care insurance company may be billed for such medical care expenses and am aware that I will be responsible for any medical treatment expenses not covered by my health care insurance.

I acknowledge that I have read this Release, Waiver, and Authorization, understand it, and am signing it voluntarily and knowingly.

Sign here

Date