

As Parent/Guardian of _____, I understand that by signing this document from First United Methodist Church of Dacula/ Youth Program that I will not hold First United Methodist Church of Dacula/ Youth Program liable for any injuries or payment of any medical expenses related to any injury during a function of the Youth Program. I am also allowing First United Methodist Church of Dacula Youth Program Director Seth Brown and adult chaperones to transport and seek medical treatment for any injuries occurring during any FUMC Dacula Youth programmed events.

Parent(s) Name(s) _____

Parent Signature _____

Parent Signature _____

Cell Phone Number _____

Cell Phone Number _____

Home Number _____

Emergency Contact _____

Emergency Contact Number(cell) _____

Emergency Contact Number(home) _____

Insurance Provider _____

Policy Number _____

Allergies _____

Other _____