

First United Methodist Church Neenah-Menasha

I give _____ permission to participate in activities of the United Methodist Youth Fellowship of the First United Methodist Church, Neenah-Menasha, Wisconsin for the dates below. I understand that such activities are those which are organized by FUMCNM in conjunction with or by the Youth & Family Pastor and have been approved by the Pastors of First United Methodist Church of Neenah-Menasha which are publicized in the church web site and/or bulletin. I support the Activity Leader in acting as a responsible leader who is in touch with parents as well as children's needs. I also realize that I may give special instructions and requests for any individual activity to the Y&F Pastor at 920.843.2963.

ACTIVITY LIABILITY RELEASE

It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to any accident or personal injury to my child or property damage that might result from my child's participation in any church sponsored activity, on or off campus, whether under the direct supervision of the church, its staff, adult youth, children's leaders, parents or other church members.

To restate, the undersigned agrees to accept full responsibility for my child's participation in any church related or sponsored activity and to hold harmless First United Methodist Church, Neenah, Wisconsin its staff, adult youth or children's leaders and other church members.

MEDICAL RELEASE

I do give my permission for _____ to be administered medical aid by a physician or hospital staff if the need arises. I assume the responsibility for passing all communication concerning each activity to the parents of any visitor brought by my child or family.

Activity:

Date(s):

First United Methodist Neenah-Menasha
108 West Doty Ave. Neenah, WI 54956
920.725.0166 www.fumcnm.org

Name _____

Address: _____

City: _____ State: _____

Zip: _____

Parent(s) Name(s): _____

Home Phone: _____

Work Phone: _____

Cell Phone Numbers: _____

Grade in School: _____

Age: ____

Emergency Contact Person

(Other than Parent): _____

Contact Person's Phone

Number: _____

Doctor(s) Name(s): _____

Dr. Phone Number: _____

Insurance Company: _____ Group #: _____

Policy #: _____

Signature of Parent or Guardian: _____

Date: _____

List any medical allergies or physical conditions plus special requests:
