

**Mt. Carmel United Methodist Church**  
***Registration/Medical Release Form/Unified Permission Slip***

I (We) give permission for my (our) child to take part in AMPED activities during the 2019-2020 school year. I (We) understand that the information on this form will be available to AMPED/MCUMC Staff at all activities, on and off site.

In case of a medical emergency I (we) give permission to the physician selected by the delegation leader to secure proper treatment, hospitalize, order medications, and in extreme emergency circumstances, surgery for my (our) child as named on this form. I (We) further certify that my (our) child is in good physical condition and able to fully participate in the entire program other than restricted activities listed below. Furthermore, we (I) [and on behalf of our (my) minor child] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all recreation and work activities involved.

I (We) agree to hold harmless Mt. Carmel United Methodist Church, The United Methodist Church, and its agents, directors, employees, and leaders in connection with the operation of, transportation to and from the event or activity. I (We) further indemnify them against all losses, liabilities, claims or expenses as the result of the negligent, willful or intentional acts of the participant (including any expenses that may be incurred).

I (We) assume full responsibility for any damages to facilities, etc. that are caused by him/her. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I (we) hereby assume responsibility for all travel costs.

**I (We) give trained Mt. Carmel Youth Workers permission to communicate with my (our) child in the following ways:**

☐ text      ☐ phone      ☐ email      ☐ Facebook & Instagram

**Photographs may be taken during AMPED activities for use within Mt. Carmel literature and communication. Please check your preference:**

☐ my child may be photographed      ☐ please do not photograph my child

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(signed by parent/legal guardian)**

PLEASE COMPLETE INFORMATION ON BACK OF THIS FORM

**Student Information (please print)**

Name \_\_\_\_\_ Grade/Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student email \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_ Policy # \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Allergies \_\_\_\_\_

Medications (specify times and dosages) \_\_\_\_\_

\_\_\_\_\_

Other Medical information the leaders/organizers should know \_\_\_\_\_

\_\_\_\_\_

If your child has an IEP or any behavioral or mental health considerations which you would like to make us aware of please share them here. This information will be kept private and only shared with appropriate youth leaders.

\_\_\_\_\_

\_\_\_\_\_

**Contact Information**

Primary Contact \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Cell \_\_\_\_\_