

## Participant Information Form & Permission Waiver

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Legal Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_ Group #/ID: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

### Medical History

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### **Please list any of the following:**

Medications you are taking (Prescription or Over the Counter): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions or physical limitations: \_\_\_\_\_

\_\_\_\_\_

Surgeries & Dates: \_\_\_\_\_

PLEASE, READ BELOW AND SIGN.

I, \_\_\_\_\_, give my permission for son/daughter, \_\_\_\_\_, to attend and participate in all HPUMC Youth Ministries sponsored activities that take place on and off the church campus from the date of signing through to January 1, 2025. I also give permission to ride on the HPUMC bus or in the personal car of an adult chaperone. I understand that to revoke this document at any time, my request must be in writing. I understand that if my student is engaging in behavior deemed inappropriate for a HPUMC gathering or event, you may be required to come pick them up.

I further grant permission for a licensed physician or other medical personnel, chosen by the Youth Director or other adult chaperone, to perform emergency medical treatment including x-rays, the prescribing of drugs, or surgery for /son/daughter from the date of signing through to August, 2024. I understand and expressly represent that I will be solely responsible for the payment of any and all medical expenses and any other expenses incurred by the church in obtaining the proper medical care for

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

## Youth Ministries Communications & Media Waiver

### **Text Messaging Communication**

The Youth Ministries of HPUMC uses multiple means to communicate with the youth and parents concerning programs and events including US Postal Service mailings, e-mails, and text messaging. Text Messaging is one form of communication that is popular and practical when trying to communicate in this day and age. The text messages sent by the Youth Ministries will be reminders about upcoming events, announcements, schedule changes, instructions to check email or visit the youth ministries website for updated information, and biblical or inspirational messages. Your permission is being requested because receiving text messages can involve a financial obligation and varies depending on your carrier and plan.

I, \_\_\_\_\_, give permission for HPUMC Youth Ministries to communicate with  
\_\_\_\_\_ via text message.

(Student's Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Today's Date)

#### **The following information is required in order to receive text messages.**

Student's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Provider: \_\_\_\_\_

#### **Parents, if you would like to receive text messages regarding Youth Ministries, please provide the requested information.**

Parent's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Provider: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Provider: \_\_\_\_\_

### **Pictures and Video Posted on Youth/Church Website**

Photographs and videos are taken at most HPUMC Ministry events. Some photographs and videos may be posted on social media.

I \_\_\_\_\_ give permission for the image of \_\_\_\_\_, my son/daughter to be used on the  
**(Do or Do Not)**

HPUMC Youth and Church Facebook Pages and Youth Instagram.

\_\_\_\_\_  
(Parent/ Guardian's Signature)

\_\_\_\_\_  
(Today's Date)