

YOUTH ACTIVITIES CONSENT FORM

University Baptist Church

1223 West Main Street
Charlottesville, VA 22903



Contact Information

Name of Youth: _____ Birth Date: _____

Grade: _____ School: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Home Telephone: _____ Cell phone 1: _____

Cell phone 2: _____

Youth cell phone: _____

Other person(s) and/or number(s) to call in emergency

Medical Information

Is your Youth presently being treated for an injury or sickness or taking any medication?

Yes No If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (*Check all that apply*)

Asthma Hay Fever Kidney Disease Diabetes Heart Murmur Seizures

Please explain. _____

Does your Youth ever sleepwalk? Yes No Youth's blood type _____ (if known)

Does your Youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No

If yes, please explain. _____

Is your Youth a good swimmer, fair swimmer, or non-swimmer?

Family Doctor: _____ Doctor's Telephone: _____

Insurance Co.: _____ Policy No.: _____

Youth Activities Consent Form (cont'd)

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of **University Baptist Church**, and any other supervised activities customarily associated with its Youth Group, including Youth rallies and overnight or weekend Youth trips. Further, I certify that my Youth is physically able and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the Youth Leader in writing. *Note to Parent: If this consent is otherwise restricted, please specify:* _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my Youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my Youth, if required by law or a health care provider: Sarah Wilson or another adult chaperone designated by the pastor (names of other authorized person: _____).

I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that any of the above named persons or University Baptist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Youth Director in writing of any health changes that would restrict my Youth's participation in any normal Youth activities. I also understand that the Youth Leader and designated adult chaperones reserve the right to restrict my Youth from any activity that they do not feel is within the physical capabilities of my Youth.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of University Baptist Church. During all Youth activities and all Youth trips, I pledge to follow all instructions of the Youth Leader and the adult chaperones, including safety instructions.

Signature of Youth

Date

Youth Activities Consent Form (cont'd)

Media Release Form

I grant permission for my child to participate and appear in video or audio recordings, films, photographs, or on websites and social media sites. This permission includes the use and editing of my child's image in media projects by University Baptist Church to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. I understand that my child's name will not be used nor will he/she be individually identified in any video, films, photographs, or on websites or social media sites.

In consideration of the opportunity for my child to participate, I release University Baptist Church from all claims resulting from the use and editing of my child's image and the use, sale, editing and release to media outlets.

Yes, I consent.

No, I do not consent to UBC's use of my child's photograph or image in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at the Church Office.

Signature of Parent or Guardian

Date

Signature of Youth

Date