Glen Mar United Methodist Church 2025-2026 Youth Ministry Activity Participation Agreement and Medical Waiver Form

Participant Information

Name of participant:		
Name of parents/guardians	:	
Address:		
Phone:	Alternate phone:	
Email Address:		
		Relationship:
	Alternate phone:	
Medical History (Please ma	ırk all that apply:)	
O Dietary restrictions:	O ADD / ADHD O Diabetes	O Undergone surgery O Chronic/Recurring Illness
O Asthma	O Joint Problems	O Other Conditions or
O Asperger syndrome	O Mononucleosis (12 mos.)	Behavioral Concerns:
O Seizure Disorder O Hard of Hearing/Deaf	O Substance Abuse O Past head injury	
O Back / Neck Injury	O Learning Disability	
Does your child have any al Does your child have any FO	lergies to any types of medications? OOD allergies? Please List:	Please List:
Has your child ever sought	professional help for mental/emotic	onal issues? If so, please explain:
Please indicate if your child Please list:	is currently taking any medication (or will be) during activities.
Is ministry leader authorize	d to approve medical treatment?	Yes No
Is participant covered by m	edical insurance? Yes No	
Name of insurer:		
Policy or group number:		

Participation Agreement (please sign)

I, the undersigned parent/guardian ofabove named child (the Participant) to participat Methodist Church of Ellicott City, MD, Middle Scl September 1, 2024 – August 31, 2025. I give perr designated by the activity leader while attending Glen Mar United Methodist Church. The informathan two program years. Forms and information the year of its use, only youth staff leadership and	te in activities sponsored by Glen Mar United shool and High School Youth Ministry, mission for the Participant to ride in any vehicle and participating in activities sponsored by tion on this form will be saved for no longer will be stored in secure files until shredded. In
I acknowledge that participation in youth activitic Participant and may result in various types of injury participation in youth activities and transportation personal financial responsibility for any injury or transportation to and from authorized activities, to the Participant that is authorized by the minist or any other representatives (collectively referre Further, I release and promise to indemnify, deferrom any injury arising directly or indirectly out of authorized activities, whether such injury arises of the Participant, or otherwise.	ury. I accept the risks of injury associated with on to and from authorized activities. I accept other loss sustained during youth activities and as well as for any medical treatment rendered try leader or its agents, employees, volunteers, d to hereinafter as the "Activity Sponsor"). end, and hold harmless the Activity Sponsor of youth activities or transportation to and from
If a dispute over this agreement or any claim for through a mutually acceptable alternative disput and the Activity Sponsor cannot agree upon such three-member arbitration panel for resolution pot Arbitration Association.	re resolution process. If the Parent/Guardian a process, the dispute will be submitted to a
Parent/guardian signature:	Date:

Parent/guardian signature: ______ Date: _____