

PINEVILLE UNITED METHODIST CHURCH - EMERGENCY CONTACT FORM, MEDIA RELEASE FORM & COVENANT

One of the major focal points of the Pineville United Methodist Church Children & Youth Ministry is to live as examples of Christ as we become disciples to each other, our families, and the community at large. This ministry will always strive to provide a sanctuary for each of us to learn about discipleship through its programs, retreats, fellowship, missions and service. It is these opportunities that we are called to be better disciples.

*This form is to be used by church leaders when we take our children & youth off the premises of the church for any event. It is very important that the information given on this form stay accurate so we will update as needed.

Date Completed _____

Minor Information

Name _____

CIRCLE ONE MALE FEMALE

Address _____

Cell Phone _____ Email _____

Date of Birth _____ Age _____

School _____ Grade _____

Parent/Guardians Emergency Contact Information

Parent/Guardians	Emergency Contact #1	Name	Emergency Contact #2
Name	_____	Name	_____
R'ship to Minor	_____	R'ship to Minor	_____
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____
Home Phone	_____	Home Phone	_____
Email	_____	Email	_____

Insurance Information

Name of Medical Insurance Co. _____

Policy No. _____

Name of Dental Insurance Co. _____

Policy No. _____

Name under which insurance is issued _____

Place of employment under which insurance is covered _____

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Medical Information

Medical Concerns / Activity Restrictions

Allergies -

Current Medications & Dosage

Special Diet Needs

Operations or serious injuries & dates

Chronic or recurring illness

PLEASE CIRCLE ONE

Can they swim?

YES

NO

In Case of Emergency

Do what is deemed necessary!

Wait for further instructions!

Medical Waiver

I _____ am the parent or legal guardian of (hereinafter

“my child”). I hereby consent for my child to attend and participate in all activities, including riding on the church van or church approved vehicle, provided by Pineville United Methodist Church. I hereby authorize Pineville United Methodist Church adult leaders to act on my behalf having the legal authority to secure medical or dental treatment and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I hereby voluntarily and absolutely release any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child while engaging in or receiving instructions in any activities provided by Pineville United Methodist Church. I will indemnify and hold harmless Pineville United Methodist Church and its officers, agents, employees or volunteers from any and all claims for personal injuries, property damage or wrongful death.

Name of Parent/Guardian Signing Form

Signature of Parent/Guardian

**PINEVILLE UNITED METHODIST CHURCH - EMERGENCY CONTACT FORM, MEDIA RELEASE FORM & COVENANT
MULTI-MEDIA RELEASE**

I hereby grant Pineville United Methodist Church the irrevocable and unrestricted right to use and publish video, photographs or any other media of me and my child, or in which we may be included, in any print, electronic, digital or other media; and to alter the same without restriction. I understand that neither name will be included on public web sites (Names may appear in private facebook groups *IGNITE, Lambs of God/Kids of the Kingdom where just the youth or parents belong). I understand that the name of my child or me will NOT be included with any photograph, image, or video used in any medium. I irrevocably assign such videos', photographs', images' and files' rights and uses to Pineville United Methodist Church into perpetuity. I hereby release Pineville United Methodist Church and its legal representatives and assigns from all claims and liabilities relating to said media.

* PUMC reserves the right to upload any media to public web-sites.

Signature of Child/Youth

Print Name of Parent/Guardian #1

Sign

Date

Print Name of Parent/Guardian #2

Sign

Date

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PARENT COVENANT

As a parent or legal guardian

* I will do my best to nurture my son's/daughter's relationship with Christ.

* I will pledge to support the Youth Advisory Council in their efforts at all times.

* In the event that it shall be deemed necessary for my child to be sent home from any church event, trip or program, I acknowledge my responsibility to make arrangements for transportation. I understand the adult leaders will make every effort to contact me at the phone numbers at the start of this form.

*In the event I cannot be reached after several attempts of contact, I agree to reimburse the church for the cost of sending your child home. If the trip is shortened or forfeited due to your child's behavior, you agree to the fair replacement cost of the event plus gas mileage at \$0.45 per mile roundtrip.

*As a parent, I also pledge to encourage and enable my child to participate in the Youth & Children Ministries Program to the best of his/her ability in their quest toward discipleship.

*This agreement will remain in effect for the duration while your child is in children/youth group.

Print Name of Parent/Guardian #1

Sign

Date

*FOR YOUTH ONLY..... I hereby grant permission for youth leaders to text my child individually to remind them of upcoming deadlines, etc. As a parent, I will check my youth's messages for content.

Print Name of Parent/Guardian #1

Sign

Date

YOUTH & CHILDREN COVENANT

*I will always try to conduct myself in a manner that is consistent with the standards and guidelines set forth by the Pineville United Methodist Church Youth Advisory Council.

* I understand that the adult leaders are legally responsible for me while I am at church attending a youth/children's function or event.

* I will respect the physical and emotional well-being of other children, youth and adults by my actions and my words.

* I accept the Safe Sanctuary guidelines and will report any incidences to my parents, the program leaders, and/or the Pastor without hesitation.

* I will comply with the ban of alcohol, tobacco products, and prescription and non-prescription drugs. The exception will occur when the parent has given consent for a member of the Youth Advisory Council in writing prior to an event.

* I hereby acknowledge my understanding that a violation of any of the above can result in a phone call to my parent(s) or guardian(s) and/or discharge from that event or any other future event. This decision will be at the discretion of the Youth Advisory Council after consultation with all adult leaders present. After a decision is reached, the determined action will be delivered by the Youth Director and/or Senior Pastor. No Exceptions.

Please note that several of our trips require deadlines. Failure to meet the established deadlines will result in one of the following:

- 1) not being able to attend an event
- 2) paying a higher price as a "late fee"
- 3) cancellation of event due to an inadequate number of people signed up

Print Name of Youth

Sign

Date

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CHILDREN'S COVENANT**

*I understand that my teachers and chaperones are responsible for me when attending any Lambs of God/Kids of the Kingdom activities.

* I will be kind & respectful to other children and adults. I will share and take turns.

* I will remember to bring a snack and drink each week.

* I understand that if I do not follow the rules or am being mean or unsafe my teachers will first use the time out (2 minutes) for me to regroup. If behavior continues my parent will be called to come. If my behavior continues, my parent will have to accompany me Sunday nights and to any field trips until I remember how to behave.

Print Name of Child _____ Sign _____ Date _____