

One Eighty Degrees – First Fridays (5th/6th Youth Group)

I hereby give permission and consent for my son/daughter _____ to participate in the 2011-2012 First Fridays youth activities sponsored by the First United Methodist Church of La Grange and to be transported by private vehicle.

First Fridays 2011-2012 (Subject to Change) – Sept 9, Oct. 7, Nov. 4, Dec. 2, Jan. 13, Feb. 3, March 9, (No April), & May 4

Conduct:

I understand that my child must comply with the provisions and rules of conduct established by the Youth Council of the First United Methodist Church of La Grange while participating in this activity. The following are such provisions and rules for all church-sponsored events:

- Alcohol will not be permitted.
- Tobacco products will not be permitted for participants under the age of 18.
- Illegal substances will not be permitted.
- Fighting (physical, verbal), and firearms will not be permitted.
 - Inappropriate clothing will not be permitted, including: clothing with profanity, inappropriate themes, alcohol, nudity; revealing outfits/swimwear; other clothing deemed inappropriate by Youth Minister and/or Ministry Team Members.

I HAVE DISCUSSED THIS WITH MY CHILD: Parent's Initials _____
Youth's Initials _____

Emergency Medical Aid:

I hereby give permission for the church or its representatives to secure whatever emergency medical treatment my child needs in the connection with this activity. ___Yes ___No

Health Insurance Company: _____ Policy # _____

In the event that you or another parent/guardian needs to be reached, please provide appropriate home, work or cell phone numbers.

Home:(____)____ - _____

Work:(____)____ - _____

Other:(____)____ - _____

E-mail Address: _____@_____._____

Please describe any health information about your child that the church staff and volunteers should be aware of (ie: current medical conditions, medication, allergies, etc). _____

Indemnity/Insurance:

I agree to indemnify and hold harmless the First United Methodist Church of LaGrange, any church member, and any volunteer who chaperones this activity against any claims for damages or loss, including reasonable attorney's fees which arise out of this activity, or travel to and from this activity. I also understand that transportation is provided by private vehicles. Primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: _____ Date: _____

Parent or Guardian

Address: _____