

## One Eighty Degrees – First Fridays (5<sup>th</sup>/6<sup>th</sup> Youth Group)

I hereby give permission and consent for my son/daughter \_\_\_\_\_ to participate in the 2010-2011 First Fridays events sponsored by the First United Methodist Church of La Grange and to be transported by private auto.

**Summer 2010 First Fridays: June 11, July 9 (No August)**

**School year (2010-2011) First Fridays (subject to change): Sept. 10, Oct. 8, Nov. 5, Dec. 3, Jan. 7, Feb. 4, March 11, April 8, & May 6**

### Conduct:

I understand that my child must comply with the provisions and rules of conduct established by the First United Methodist Church of La Grange while participating in this activity:

- Alcohol will not be permitted at a church-sponsored event.
- Participants under the age of 18 will permit no tobacco at a church-sponsored event.
- Illegal substances will not be permitted at a church-sponsored event.
- Fighting (physical, verbal) will not be permitted at a church-sponsored event.
- Inappropriate clothing will not be permitted at a church-sponsored event.
  - Clothing with profanity, inappropriate themes, alcohol, nudity
  - Revealing outfits/swimwear
  - Other clothing Youth Director and Ministry Team Members deem inappropriate

I have discussed this with my child: (parent's initials) \_\_\_\_\_

(youth's initial's) \_\_\_\_\_

### 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

In the event that you need to be reached, please provide your home and work numbers (or another number where you can be reached).

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ This is my \_\_\_\_\_ number.

Parent's e-mail address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Please describe any health information about your child that the church staff and volunteers should be aware of (i.e. current medical conditions, medication youth is taking, allergies).

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Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Indemnity / Insurance:

I agree to indemnify and hold harmless the First United Methodist Church of La Grange, 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 private vehicles provide transportation. Primary liability and insurance coverage resides with the driver and / or owner of the vehicle.

Signed: \_\_\_\_\_ (parent or guardian) \_\_\_\_\_ (date)

\_\_\_\_\_  
(address)