

Action Class (5th/6th Sunday School) First Fridays (5th/6th Youth Group)

I hereby give permission and consent for my child _____ to participate in the 2018-2019 "Action Class" and First Fridays youth activities sponsored by the First United Methodist Church of La Grange and to be transported by private vehicle.

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/Guardian's Initials _____
Youth's Initials _____

Photo Permission:

For purposes of community outreach ONLY, by my initials here, I give First United Methodist Church of LaGrange permission to publish photos of my youth in various locations, including church Bulletins, website, social media or news media. Names will not be posted with the pictures. Parent/Guardians'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 cell (or other) phone number(s).

Cell:(____)____-_____ 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