

Aldersgate United Methodist Church
Youth Ministry Adult Volunteer
Medical Permission/Release Form
2015-2016 School Year

Name _____ Gender M F

Address _____ City _____ Zip _____

Phone _____ Cell _____ Work _____

Email _____ Birthday _____ Age _____

Occupation _____ Employer _____

In an emergency contact:

Name _____ Relation _____

Address _____ Phone _____

Name _____ Relation _____

Address _____ Phone _____

Check and explain all health conditions that you have had or are currently experiencing:

___bladder/kidney problems ___heart problems ___asthma ___seizures ___diabetes

___sinus trouble ___allergies (please list) _____

Other: _____

Medications _____

I agree to hold the Aldersgate United Methodist Church and its leaders free from liability for any injuries or losses unless caused by willful or intentional actions. I understand I have limited insurance coverage at any church sponsored event. I, also, grant my permission for photos taken of me at church-sponsored events to appear on the Aldersgate United Methodist Church website, in pictures throughout the church and in publicity for future events. Permission granted for August 1, 2015, to September 1, 2016.

Signature

Date