

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