



First United Methodist Church Dodgeball

Student Insurance Information and Emergency Care Release.



STUDENT INFORMATION

Name _____ Birthdate ____ / ____ / ____
(Last) (First) (MI) Grade _____

Address _____

Parent or Guardian's Name _____ Phone#(____) ____ - ____
Parent or Guardian's Name _____ Phone#(____) ____ - ____

Child lives with: _____ Both parents _____ Mother _____ Father
_____ Guardian _____ Other

List Names of Individuals Approved to pick up Child

Name _____ Phone#(____) ____ - ____ Relationship _____
Name _____ Phone#(____) ____ - ____ Relationship _____
Name _____ Phone#(____) ____ - ____ Relationship _____
Name _____ Phone#(____) ____ - ____ Relationship _____

Emergency Contact

Name _____ Phone#(____) ____ - ____ Relationship _____

MEDICAL & INSURANCE INFORMATION

PLEASE CHECK IF YOUR CHILD HAS ANY OF THE FOLLOWING:

____ Allergies; if checked describe _____
____ Asthma
____ Diabetes
____ Other; if Checked describe _____

Any other information you would like recorded for your child. _____

Name of Insurance CO. _____

Policy #- _____ Policy Holder _____

We encourage parents to stay for the parent versus student games!
Please complete the other side.

PERMISSION FOR PARTICIPATION

I, _____ give permission for my
(Name of Parent or Guardian)

Child _____ to participate in "Dodgeball and
(Participant's Name)

other Children Events" Sponsored by the **First United Methodist Church of Greencastle PA** held during the 2021/2022 calendar years. Should my child require emergency medical treatment, I authorize the Ministry Team Leader to act on my behalf and approve appropriate treatment.

Signature: _____ Date __ / __ / __
(Parent or Guardian)

Printed Name: _____

Home Address: _____

PHOTOGRAPHY RELEASE

_____ YES, I give my permission for pictures or video of my child to be posted on our website and other media sources.

_____ NO, I do not give my permission for pictures or video of my child to be posted on our website and other media sources.

RELEASE OF LIABILITY

I, _____ the parent or legal Guardian
(Parent or legal Guardian)

of _____ do hereby release the
(Participant's Name)

First United Methodist Church of Greencastle, the Church staff, sponsors, and all volunteers involved with the following event: "Dodgeball and other Children Events" from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above event.

Signature: _____ Date __ / __ / __
(Parent or Guardian)

Printed Name: _____

*copies of this form will be held on file to be given to Children and Youth Ministry Team Leaders with whom your child participates.