

PERMISSION & REGISTRATION FORM

High School Retreat @ Eagle Eyrie

December 1 - 3, 2017

Meet at church at 3:00 PM

\$135 before October 29th

\$145 after October 29th

DEADLINE TO REGISTER IS SUN NOVEMBER 26th!

(partial scholarships are available before Oct. 26th)

\$60 for Chaperones

****Registration form can only be accepted with full payment. Refunds are not available. ****

Payment can be made online at www.vbumc.org. Go to the "Give" tab.

Online receipts must be emailed to aarrington@vbumc.org. Checks payable to VBUMC.

PARTICIPANT'S NAME: _____ **Adult Chaperone?**

Gender: M F **Grade 2017-2018:** _____ **School:** _____

Youth Phone: _____ **Cell Provider:** _____

Partial Scholarship Requested? Yes No

The undersigned do(es) hereby give permission for our (my) child: _____ ("Participant"), to attend and participate in Virginia Beach United Methodist Church (VBUMC) youth ministry activity noted above. We (I) the undersigned, do hereby release, forever discharge and agree to hold harmless Virginia Beach United Methodist Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Virginia Beach United Methodist Church. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO RELEASE CONSENT: Virginia Beach United Methodist Church is authorized to use photographic images of my child in future Church publications. Yes _____ No _____. Publications are primarily the church bulletin boards, youth page on church web site, church newsletter and GROW magazine. Youth's names will not be published. In providing consent, I agree that I do not and will not require financial compensation.

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Initials _____ Date _____

Parent / Guardian Information

Name: _____

Address: _____

City/St/Zip: _____

Home Phone #: _____ Cell Phone#: _____

E-mail: _____

Emergency Contacts (in case Parent / Guardian can't be reached)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Participant Information

Birth Date: _____ Date of last tetanus shot: _____

Insurance Information

Medical Insurance? Yes No Insurance Company: _____

Policy #: _____ Phone #: _____

Medications / Allergies

Please list all medications that your youth might have the occasion to use while participating in any youth function, this includes but is not limited to allergy medication, inhalers, migraine medicines, behavior modifying medications, etc. **This information will be kept confidential, but this form will be available for those leaders of the youth during emergency situations.**

What is taken	How it is taken	When it is taken	Why it is taken

While on this event, should your youth be allowed to have common pain reducing drugs such as Aspirin, Tylenol, Ibuprofen? † Yes No

If yes, which types? _____

Please list allergies (food, medicine, other): _____

Parent/Guardian/Participant's Signature: _____ Date: _____