

**Martha Bowman Youth Ministry
Parent/Legal Guardian Waiver/Release Form
September 2008 through August 2009**

Last Name _____ First Name _____ Middle Initial _____

Birth Date _____ SSN _____ Grade _____ School _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Name(s) of Parent(s)/Legal Guardian:

_____ Work Phone _____ Cell Phone _____

_____ Work Phone _____ Cell Phone _____

Emergency Contact (other than parent/guardian) _____

Relationship to Student _____ Home Phone _____

Work Phone _____ Cell _____

Medical Insurance Co. _____ Policy # _____

Insurance Phone _____ Policy Holder's Name _____

Is your student allergic to medications or foods? Please explain below _____

Does your student have any special medical or diet needs? Please explain below: _____

I/we _____ give permission for my child _____

to participate in the youth ministry events of Martha Bowman Memorial UMC. I will not hold Martha Bowman Memorial UMC, or their agents, the administrators, employees, or adult chaperones responsible for accidents that might occur. I also authorize the youth ministry staff to provide medical treatment, which might be required due to sickness or accident(s).

Date _____

**Please include a copy of your insurance card (front and back)

Signature of Parent or Legal Guardian