



**Providence United Methodist Church**  
 2810 Providence Rd.  
 Charlotte, NC 28211  
 (704) 366-2823

**YOUTH & CHILDREN FORM**  
**Permission Form and Release of Liability**

Full Name of Child \_\_\_\_\_  
   (last name)                                (first name)                                (preferred name)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Child’s Mobile Phone \_\_\_\_\_

2020-21 School \_\_\_\_\_ Grade in School \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Are you the child’s parent or legal guardian?    Parent    Legal Guardian

Parent/Legal Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Alternative contact in case of an emergency.*

What is this alternate contact’s relationship with this child?    Parent    Legal Guardian    Other: \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**MEDICAL & INSURANCE INFORMATION**

Doctor’s Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Dentist’s Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Allergies	List:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication Allergies	List:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tetanus Shot	Date of Shot:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Medications	List/Reason:

Insurance Provider \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

Insurance Provider Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder’s Identification # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Pharmacy Address \_\_\_\_\_

Please submit a copy of your current insurance card with this completed Form.

**THE RELEASE OF LIABILITY, INDEMNIFICATION, AND OTHER PROVISIONS ON THE OTHER  
 SIDE OF THIS PAGE ARE INCORPORATED INTO THIS FORM AND ARE REQUIRED FOR THIS  
 CHILD TO PARTICIPATE IN ACTIVITIES AT OR SPONSORED BY PUMC.**

**RELEASE OF LIABILITY, INDEMNIFICATION, AND OTHER PROVISIONS**

1. **CONSENT AND DISCLOSURE.** I acknowledge there are certain risks associated with my child participating in any activity, including physical injury from activity-related accidents, physical injury from transportation-related accidents, and other unanticipated accidents, injuries, and illnesses. I have disclosed to PUMC all relevant medical and other information relating to my child. I will determine that my child is physically and medically able to participate safely in an activity before allowing him or her to participate. I will seek additional information from PUMC if I need it to determine whether to allow my child to participate in a particular activity at or sponsored by PUMC. I hereby consent to my child participating in all activities and events at or sponsored by PUMC (collectively, “**PUMC Events**”) in which my child participates or that my child attends.
2. **ASSUMPTION OF RISK.** I, on behalf of my child and myself, hereby assume all of the risks of my child attending and participating in PUMC Events, including all risks that may arise from the negligence of PUMC or its employees or volunteers.
3. **RELEASE.** I, on behalf of my child and myself, hereby forever release and discharge PUMC and all of its employees and volunteers from and against all current and future demands, claims, actions, liabilities, damages, expenses, and attorney’s fees arising out of or relating to my child’s attendance at or participation in PUMC Events, including any personal injury or damage to property, and including any of the foregoing arising in whole or in part out of the negligence of PUMC or any of its employees or volunteers.
4. **INDEMNIFICATION.** I, on behalf of my child and myself, will indemnify, defend, and hold harmless PUMC and all of its employees and volunteers from and against all demands, claims, actions, liabilities, damages, expenses, and attorney’s fees arising out of or relating to any acts or omissions of my child, or any injury my child may suffer, during my child’s attendance at or participation in PUMC Events.
5. **LOSS, THEFT, OR DAMAGE.** PUMC will not be liable for any loss or theft of, or damage to, property that occurs at PUMC Events, regardless of the cause and even if the damage or injury is caused in whole or in part by the negligence of PUMC or its employees or volunteers. PUMC is not responsible for any items brought to or left at PUMC Events.
6. **FOLLOWING REQUIRED RULES.** My child will abide by all rules provided by PUMC or its employees or volunteers and all applicable laws.
7. **EMERGENCY ADULT ACCOMPANIMENT.** In the event of a medical emergency, all PUMC employees and volunteers are given permission to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery under advisement of qualified medical personnel until a parent or legal guardian is present.
8. **CHANGES IN INFORMATION.** I agree to submit to PUMC promptly in writing all updated and changed information regarding my child.
9. **GOVERNING LAW.** This Agreement will be governed by the laws of the State of North Carolina.
10. **SEVERABILITY.** The invalidity or unenforceability of any provision of this Agreement will not affect the validity and enforceability of the remaining provisions.

\_\_\_\_\_  
Parent/Legal Guardian Name (print name legibly)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian Name (print name legibly)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**NOTARY REQUIRED FOR AT LEAST ONE PARENT OR LEGAL GUARDIAN**

I, \_\_\_\_\_ a Notary Public for the State of North Carolina in \_\_\_\_\_ County, hereby certify that \_\_\_\_\_ and \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.