

Emmanuel Community United Methodist Church
Adult Permission/Medical Release Form
 Age 18 and Over Adult

Participant Name			
Address			
Home Phone		Cell Phone	
Home Email			
Work Phone			
Work Email			

Activity: ECUMC School Year September 1, 2011 through August 31, 2012

This form is to ensure informed consent for activity or activities listed above, sponsored by Youth Ministries Program of Emmanuel Community United Methodist Church. It also provides consent for treatment of those who become ill or injured in the course of the activity or activities. In the event of injury or illness, we will make every effort to contact the parent(s), guardian(s) or emergency contact named below:

Emergency Contact Information:

Name			
Address			
Home Phone		Cell Phone	
Home Email			
Work Phone			
Work Email			
Relationship to Participant			

Insurance Information:

Insurance Company Name (Health)	
Full Name of Insured Cardholder	
Birth Date of Insured Cardholder	
Policy I.D. Number	
Group I.D. Number	
Customer Service Number (back of card)	

***Please have a copy of your health insurance card on file at ECUMC. Check Here:**

I agree to participate in the above named activity or activities. I also agree to medical treatment from medical staff and/or physicians in medical clinic or hospital in case of illness or injury, I hereby release and discharge activity leaders, Emmanuel Community United Methodist Church, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my participating in this activity or activities. I understand and acknowledge that by participating in this activity, there is the possibility of illness of injury and that I am assuming the risk for such illness or injury by my participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Participant

Date

