

# First United Methodist Church - Isle of Palms

## Parental Release Form

### Youth and Children

First United Methodist Church  
12 21st Avenue at Palm Blvd.  
Isle of Palms, SC 29451  
843-886-6610  
FACEBOOK.COM/FUMCIOP  
HELLO@iopmethodist.com



You may complete this form on your computer, or you may print it and fill it in by hand. If filling the form by computer and you make a mistake, you can click the Reset Form button. It will erase any information previously entered. You can print the form by clicking the Print Form button. If you use the computer to fill out the form, but do not have a digital signature, you must print the form and attach physical signature(s) in the space(s) provided.

Once it is complete, affix your signature and date where indicated and mail / take it to the church office.

Please note: For this form to be considered valid and complete, it must be signed by the parent / guardian.

In consideration for being accepted by First United Methodist Church for participation in all children's and/or youth events we, being the parents or legal guardian of  , do release and agree to hold harmless First United Methodist Church and the director

thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/ guardian and child-participant that occur while the child is participating in church sponsored activities.

We, on behalf of our child participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved.

Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant. We acknowledge our child will be held to the established youth covenant and code of conduct.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the trip/activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event he/she cannot be reached, the minister/trip leader may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

Signature of Parent / Guardian

Date

Please complete the following section in its entirety. If not using your computer to complete the form, remember to **PRINT**.

Name of Child

Childs Street Address

City

State

Zip

Child Cell Phone Number

Child Email Address

Fathers / Guardians Name

Fathers / Guardians Cell Phone Number

Fathers / Guardians Email Address

Mothers / Guardians Name

Mothers / Guardians Cell Phone Number

Mothers / Guardians Email Address

Childs Allergies

Medications Taken Regularly

Date of Last Tetanus Shot

Please provide a copy of the front and back of the child's healthcare insurance card OR complete the following section:

Physician Name

Physician Phone Number

Insurance Company Name

Insurance Company Phone Number

Insurance Group Number

Insurance Policy Number

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#### Photo Release

Permission from a parent or guardian must be given to First United Methodist Church to use a minor's picture or video on its website, social media pages, or in other official church printed publications without further consideration. I acknowledge the church has the right to crop or treat the photograph(s) at its discretion. I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date, up to 5 years from the date the photograph was taken. I also understand that once my image is posted on the church's website, the image can be downloaded by any computer user, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, its members and designees from any claims arising out of the use of my photograph(s). The church reserves the right to discontinue use of any photograph(s) without notice.

- ☐ You may use pictures of my child on website, social media or other official church publications
- ☐ You may NOT use pictures of my child on website, social media or other official church publications

Name of Child

Signature of Parent or Guardian

Date

#### Text Messaging Communication (For Parents of 6-12 Graders Only)

The Youth Ministry of First United Methodist Church uses multiple means to communicate with the youth and parents concerning programming and events, including US Postal Service mailings, e-mails, and text messaging. Text messaging is one form of communication that is popular and practical when trying to communicate in this day and age. The text messages sent by the Youth Ministry will be reminders about upcoming events, announcements about schedule changes, instructions to check e-mails or visit the Youth Ministry website for updated information, and Biblical or inspirational messages. Your permission is being requested because receiving text messages can involve a financial obligation and varies depending on your carrier and plan.

- ☐ I give permission for First United Methodist Church Ministry to communicate with via text message.
- ☐ I do NOT give permission for First United Methodist Church Ministry to communicate with via text message.

Name of Child

Signature of Parent or Guardian

Date

Parents / Guardians, if you want to receive text messages regarding the Youth Ministry, please indicate by clicking (or placing a checkmark if filling the form by hand) in the check box(es) below:

☐

Fathers / Guardians Name

☐

Mothers / Guardians Name

Reset Form

Print Form