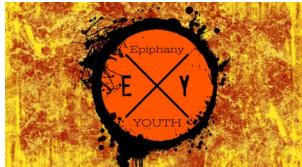


Epiphany UMC Youth Ministry NEST Summer Mission Weeks 2020



General Information

Name of participant:	Grade entering in the Fall:
Phone Number:	School attending:
In case of emergency call:	Parent Phone Number:
Home Address:	
Email:	
Which week are you wanting to participate in with Epiphany UMC Youth Group and NEST!	
<input type="checkbox"/> July 6-10	<input type="checkbox"/> July 20-24
<input type="checkbox"/> July 13-17	<input type="checkbox"/> July 27-31

Medical Information

Family Physician:	Insurance:
Dr. #:	Policy #:
In case of emergency call:	Home Phone #:
Allergies:	
Medications:	
Any other relevant important info:	

Medical and Photo/Video Release

I, _____, being the legal guardian of _____, give my permission for
 (Participant's Parent/Legal Guardian) (Participant)

him/her to participate in all youth related events with Epiphany United Methodist Church Student Ministries and NEST Community Learning Center. I hereby release Epiphany United Methodist Church and NEST, and their staff and leaders, from responsibility and liability for any injury or illness my child may sustain during any activities. In the event of an emergency, if I am unable to be contacted, I hereby authorize an adult leader as agent for me, to give consent for my child for any X-ray examination; medical, dental, or surgical diagnosis; treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I am aware that participation in all youth related activities could involve the risk of injury to my child. In consideration of Epiphany United Methodist Church and NEST permitting my child to participate in church sponsored activities, I hereby agree to let my child participate, and to hold Epiphany UMC and NEST harmless from any and all liability actions, courses of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in the instructions of the supervising adults. I also understand that as a participant, my child may be photographed or video taped during church sponsored activities and these photos/videos may be used in promotional, information and social materials in print and on the internet.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____