

Parents:

Please complete this form as soon as possible.

We keep these on file in the student ministry office in case of an emergency for local events on campus as well as off campus trips. This form will expedite the emergency contact procedure and treatment of any student in the case of an emergency.

Also, this gives us the ability to communicate with you on several levels so as to get information out the best way possible for every person involved in your family!

Thank you for taking the time to fill this out. We look forward to having an awesome new year. Feel free to contact us with any questions or concerns that you may have.

Call our office at 677-9866 if there are changes in your address, phone number or insurance coverage at any time during the year.

Thank you ,

Pastor Scott Russ

**Scott's Cell: (513) 600-4790**  
**Office: (513) 677-9866 x203**  
**6635 Loveland-Miamiville Rd.**  
**Loveland, OH 45140**

**For up-to-date information on our events I put out a weekly email with everything you need to know. If you are not receiving this, then please email a request to join to [sruss@epiphanyumc.org](mailto:sruss@epiphanyumc.org)**

**We are also on:**



**Our ministry exists to:**  
**LOVE God,**  
**LOVE others,**  
**Have a BLAST!**

**EPIPHANY UMC**  
**YOUTH MINISTRIES**



**2021 - 2022**  
**YOUTH RELEASE**  
**FORM FOR**  
**7TH-12TH GRADE**

**RELEASE FORM!**

# Epiphany UMC Youth Ministry (7th-12th Grade)

## Release Form for 2021-2022 Year

### General Contact Information

Father:	Mother:	Teen:
E-mail:	Email:	Email:
Home Address:	Home Phone #:	Date of Birth:    /    /
		Baptized? Y / N
		School:
		Grade:
Cell #:	Cell #:	Cell #:

### Medical Information

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

### Parental Involvement: I am willing to . . .

<input type="checkbox"/> Drive for an activity	<input type="checkbox"/> Teach a Sunday Morning Class	<input type="checkbox"/> Mentor a Confirmand
<input type="checkbox"/> Administrative Help when needed	<input type="checkbox"/> Provide a Snack for Small Groups	<input type="checkbox"/> Attend a Retreat (overnight)
<input type="checkbox"/> Lead/Assist a Small Group Sunday nights (Junior High / Senior High)	<input type="checkbox"/> Manage Snack Bar	

## 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. I hereby release Epiphany United Methodist Church, 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 permitting my child to participate in church sponsored activities, I hereby agree to let my child participate, and to hold Epiphany UMC 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 \_\_\_\_\_