

Youth Information Form 2020

(Copy of health insurance card must be attached and this form must be notarized)

Youth Information:

_____	_____	_____	Male	
Full Name	Nickname	Date of Birth	Female	
_____	_____	_____	_____	
Address	City	Zip	Home Phone #	Youth Cell #
Grade Spring 2020: 6 / 7 / 8 / 9 / 10 / 11 / 12				
Youth Email _____				
School _____				

Family Information:

Mother's Name _____	Father's Name _____
Address (if not the same) _____	Address (if not the same) _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Cell _____	Cell _____
Email _____	Email _____
Siblings Names and Ages _____	

Emergency Information:

Doctor _____ Phone _____

Medications taken on a daily or regular basis _____

Physical, dietary or medical conditions requiring special attention _____

Allergies _____ Date of Last Tetanus _____

Insurance Company _____ Phone _____

Address _____

Policy # _____ Group # _____

Emergency Contacts & Additional Authorized Pick Up Persons:

Name _____	Relationship _____
Address _____	Phone _____
Name _____	Relationship _____
Address _____	Phone _____

Pictures of your student will be taken at PPUMC Activities that will be used on PPUMC's website and Facebook page (names not listed). If you would **NOT** like for your student's picture to be posted, please check this box

PLYMOUTH PARK UMC MEDICAL AND LIABILITY RELEASE AND HOLD HARMLESS (YOUTH-UNDER 18)

STATE OF TEXAS
COUNTY OF DALLAS

I, _____ make this Medical Power of Attorney and Liability Release and Hold Harmless Agreement on behalf of minor child _____, in anticipation of my child's participation in the activities of Plymouth Park United Methodist Church ("PPUMC"), during the time period between January 1, 2020 and December 31, 2020. It is my expectation that my child is and/or will be participating in activities of PPUMC, which may include VBS, Weekday Ministries, Sunday School, Student Outreach or other events, and/or any other activities which may occur on or off the PPUMC premises, including transportation to and from off premises activities ("PPUMC Activities"). In consideration of my child taking part in PPUMC Activities, I agree as follows:

1. MEDICAL/POWER OF ATTORNEY ("POA")FOR MINOR CHILD: During the dates identified in this document I recognize that there may be times when my child is participating in a PPUMC Activity and I may be unavailable to render decisions on behalf of care for my child. I, therefore, appoint ANY CLERGY OR STAFF MEMBER of PPUMC as my true and lawful attorneys ("my attorney") to do every act and exercise every power that I may or can do or exercise on behalf of my child, and grant my attorney the power to do everything, in my attorney's sole discretion, that may be proper expedient or advisable, and for all intents and purposes, as I might or could do personally, until such time as my unavailability shall end. Without limiting the authority granted, I specifically grant my attorney the authority to seek, obtain, authorize, give, or otherwise get medical, health, dental, and/or emergency care for my child as may be necessary during my unavailability.

2. RELEASE AND HOLD HARMLESS RELATED TO PARTICIPATION AND POA: I (individually and as parent, next friend, or legal guardian) release, indemnify, defend, and forever discharge and hold harmless ("Release") PPUMC, its clergy, staff, employees, sponsors, chaperones, volunteers, and committee members individually and in any representative capacity (referred to as "Released Parties" in this document) of and from any and all claims, demands, liability, suits, injuries (including death), attorney's fees, expenses, costs, causes of action, judgments or awards of any kind or character ("Loss") which may accrue because of, arise out of, or exist on account of my child's participation in PPUMC Activities, or in any way connected with this POA or care given or obtained by and/or through it for my child. I take full responsibility for any and all care, and release and hereby agree to defend and indemnify the Released Parties for any and all Loss. I understand and agree that this Release shall expressly include Loss due to the Released Parties' negligence (whether sole, contributory, or in any other way in part) and gross negligence. It is my intent that this release and indemnity be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me or my spouse (if any) or my child, or indirectly to any medical provider arising out of any costs, bills, claims or damages due to participation in PPUMC Activities or due to this POA.

This Power of Attorney and Release shall be valid beginning January 1, 2020 and remains valid through December 31, 2020.

Signed on _____, 20_____.

Name Signed

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and after being sworn stated under oath that the above is true and correct, and that he/she executed it for the purpose expressed.

Name Printed

Notary Public in and for the State of Texas
(Please also stamp the document)