



# HAWTHORNE LANE

UNITED METHODIST CHURCH

## Health Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Gender: Male/Female      Grade Level: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: (    )      -

### Parent/Guardian Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: (    )      -

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: (    )      -

### Emergency Contact Information

In the event of an emergency relating to your child, please provide information of an adult we can contact in case the primary guardian(s) are unreachable.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: (    )      -

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: (    )      -

### Primary Care Physician and Insurance

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone number: (    )      -

Dentist: \_\_\_\_\_ Phone number: (    )      -

**Medical Information**

Are there any medical conditions (i.e. allergies, asthma, epilepsy, diabetes, travel sickness, etc.) of which we should be aware?

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Are there any disabilities or special needs we need to know about?

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Are there any dietary restrictions?

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Please explain any pertinent information (i.e. physical/behavioral/emotional) that would be important for adult leaders to know.

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**I, the parent/guardian, am over the age of 21 and guarantee that the above information is correct to the best of my knowledge.**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



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## Liability Waiver

I do hereby assume full responsibility for any and all damages, injuries (including death), or loss that my child may sustain or incur, if any, while attending, practicing, participating or witnessing in any program, sport, or physical activity occurring in or about the Hawthorne Lane United Methodist Church premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Hawthorne Lane United Methodist Church, its instructors, or partners of any program or event, individually or otherwise, harmless for any and all claims for injuries or damages.

I am fully aware and understand that Hawthorne Lane United Methodist Church or any offsite location may not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency services.

In consideration of my child's participation in and the use of the Hawthorne Lane United Methodist Church facilities or the facilities of any offsite location, I hereby release and covenant not to sue the church, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Hawthorne Lane United Methodist Church.

**I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.**

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_





# HAWTHORNE LANE

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## Media Release Form

Student Name: \_\_\_\_\_

During regularly scheduled events and special events, Hawthorne Lane United Methodist Church often uses photographs and videos of participants for a variety of projects and media. Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image without your consent.** Below is a release which allows you to indicate your preference.

Please indicate below whether Hawthorne Lane United Methodist Church has permission to use photographs, images, or video of your child.

Please check one:

I **agree** that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.

I **do not** want my child's photograph, image or video used in any way.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_