



WESLEY UNITED METHODIST CHURCH

130 W 3rd St – Bloomsburg PA 17815

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www.wesleybloom.org

G.L.O.W. YOUTH PROGRAM TRIP AND EVENT ACTIVITIES

2016-2017 Permission Slip/Release Form

I hereby give my youth _____ permission to attend **Wesley United Methodist Church** sponsored **G.L.O.W. Youth Fellowship** program functions and activities. I grant permission for an adult to minister with my child or transport my child in a personal, rented, or church-owned vehicle during these activities. I understand the risks associated with any form of transportation and with youth related activities, and I agree to accept these risks.

I understand that every attempt will be made to contact me (either parent or guardian) or my emergency contact designee in the case of any medical, or other, emergency. However, I also understand that it may not be possible to contact either of us immediately, or in time for either of us to exercise our judgment in the care of my child in emergency situations. In such situations, I direct the supervising youth leaders to exercise their best judgment, (based upon the advice of any available medical professionals), to authorize and obtain any and all necessary emergency medical care and treatment for my child. Furthermore, I accept full financial responsibility for any and all medical treatments that are provided for my child. I certify that my child is covered by a current and active health or medical insurance policy as indicated by the information provided below.

I understand, and will discuss with my child, the expectation that they are to comply with all stated rules and/or the verbal direction of the supervising youth leaders at all times. In case of any behavioral problems (disrespect of youth leadership, failure to follow directions, physical abuse of others, intentional damage to the property of others, or any behavior which threatens the safety of my youth and/or other participants), I will accept financial responsibility for any physical damages. Furthermore, if I am contacted by the youth leadership, and requested to do so, I will arrange for the immediate transportation of my child from the location of these activities back to my home.

*This release will remain in effect, and will serve to cover any and all **G.L.O.W. Youth Fellowship 2016-2017** Program Activities provided or sponsored by Wesley UMC from 8/28/2016 to 8/27/2017, or until I revoke it in writing.*

Date: _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Telephone or Cell Phone Number in Case of Emergency _____

Emergency contact information (if you can't be reached) _____

Health Insurance Company: _____

Identification/Policy #: _____

Primary Cardholder: _____

Employer of Primary Cardholder: _____