

**CONWAY FIRST UNITED METHODIST CHURCH  
AUTHORIZATION AND RELEASE FORMS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Phone:(work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_ Phone:(work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Other emergency contact name and number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Blood Type: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
Fully vaccinated from COVID-19?: (circle one) Yes / No

List ALL health restrictions (i.e. allergies, medications) Continuation Sheet Attached:

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List ALL- medications to be taken and times to be taken (please send in original containers) Cont. Sheet Attached:

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Physical limitations: \_\_\_\_\_  
Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Main Carrier's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY**

To whom it may concern: \_\_\_\_\_ has my/our permission to go on retreats, trips and other offsite events in conjunction with the Youth Ministry of Conway First United Methodist Church. Please seek any medical assistance needed while he/she is with this group. We, \_\_\_\_\_, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult workers with youth from Conway First United Methodist Church, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with the care of my child. I knowingly release, absolve, indemnify, and hold harmless Conway First United Methodist Church and its agents and employees from all claims that might result from any injury or death of any minor. I/We have read and understand the above document. By signing this document, we hereby release Conway First United Methodist Church from any and all liability for personal injury or damage to property.

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

**COVENANT OF CONDUCT**

As a representative of Christ and of Conway FUMC events, we take seriously our responsibility to care for one another. This code represents affirmation of our concern for the well-being of the total community. We covenant with each other to ensure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

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| 1) Anything considered illegal under civil and criminal law in Arkansas is illegal for participants of any Conway FUMC event. This includes drug possession and use, alcohol consumption and possession by a minor and alcohol consumption on state property, possession of firearms, weapons, or fireworks, etc. Tobacco use is disallowed as well. | 5) We will respect the person, equipment, and property of others as well as the public and private properties (living areas, meeting rooms, etc.) in use during the event.   |
| 2) Dress should be appropriate for a co-ed Christian environment.  | 6) Any accidental damage to the property we are occupying will be billed to the family or the youth involved and will be the responsibility of the persons who caused the damage. Intentional damage is subject to additional penalties. |
| 3) All participants are expected to participate in the event in full and be always at designated places.   | 7) Cell phones, Radios, CD players, Mp3 players, etc. may be used during free time at levels that do not disturb others and cannot be heard outside the room in which it is being played.  |
| 4) Visitation between males and females will be in designated areas ONLY.  |  |

I understand that violations of this covenant and/or other inappropriate behavior could require disciplinary action for youth and adults. Decisions about appropriate disciplinary action will be made by adult group leaders and Conway FUMC. Conway FUMC reserves the right to call parents or to dismiss any person who breaks this code of conduct and send them home at their own expense. I understand that First United Methodist Church of Conway will not be held responsible for any costs incurred due to medical treatment that is necessary nor from any damages to any property while at the event.

Participant Signature & Date \_\_\_\_\_  
Parent/Guardian Name (printed) \_\_\_\_\_  
Parent/Guardian Signature (if under 18) & date \_\_\_\_\_

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**PERMISSION SLIP FOR PHOTOGRAPHING/VIDEOING YOUR CHILD**

From time to time, we take pictures during C1Youth activities. We would like your permission to use these pictures on our website, in our newsletter, or on our bulletin board. We will not reference your child by

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name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for Conway FUMC purposes.

Please take a moment to let us know your preferences regarding our use of photos of your children:

\_\_\_\_\_ YES. I grant you permission to use photos/videos of my child on Conway FUMC's social media, website, bulletin boards, and /or newsletter.

-OR-

\_\_\_\_\_ NO. Please do NOT use any photos/videos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

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Parent/Guardian's Name (PLEASE PRINT):

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Parent/Guardian's Signature:

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Date: \_\_\_\_\_