

HEALTH FORM and COVENANT OF PARTICIPATION

GETHSEMANE UNITED METHODIST CHURCH
910 Addison Road South, Capital Heights, MD 20743 (301) 336-1219

The following information must be completed by the parent(s) or guardian(s) AND the youth participant, and on file by Gethsemane United Methodist Church one day *prior* to participation in the activity.

PLEASE PRINT.

Child/Youth's Name _____ Date of Birth ____/____/____

Address _____ Home phone _____

Does the above-named individual have any known allergies (food, medication, beestings, etc)? **no yes** If yes, please list and describe *[attach additional sheet if necessary]*:

Does the above-named individual take any medications? **no yes** If yes, please list:

Any other medical conditions or restrictions (seizures, diabetes, hypoglycemia, asthma, chronic medical conditions, etc.)? **no yes** If yes, please list and describe: *[attach additional sheet if necessary]*

Mother's/Legal Guardian's Name: _____	Work number: _____	Cell Phone: _____
Father's/Legal Guardian's Name: _____	Work Number: _____	Cell Phone: _____

Emergency Contact Person (other than parents/guardians):	Work Number:	Cell Phone:	Home:
_____	_____	_____	_____
Relation to Participant _____			

Guardian's Signature

Date

Allergies cont'd

Medications cont'd

Medical Conditions/Restrictions cont'd

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YOUTH's COVENANT OF PARTICIPATION

As a participant in events sponsored by Gethsemane United Methodist Church, I agree to conduct myself in a responsible manner by showing respect for other persons and property (as well as the safety and well-being of others) through my attitude, actions, behavior and adhering to the safe sanctuary policies. I agree to respect the rules and regulations as set forth by the church leadership and their representatives, as well as by the facilities and locations where our events take place. I recognize that, if I am negligent in honoring such rules, regulations or conducting myself responsibly, I may be held personally and financially responsible for any and all damages incurred. This may also include calling my parents to transport me home from an event prior to its completion.

Signature of Youth Participant: _____ Date _____