

**First Farragut United Methodist Church
Student Participation
Personal Information Form**

*This form is to be filled out and submitted annually.
This form is in effect from June 2021 - June 2022.*

Date completed _____

Full Name of Student _____ Goes by/Nickname _____

Date of Birth _____ Last Grade Completed _____ School _____

Parents' or Legal Guardians' Names _____

Address _____

Home Phone _____ Preferred Email _____

Place of Employment (Father) _____

Work Phone (Father) _____ Cell Phone (Father) _____

Place of Employment (Mother) _____

Work Phone (Mother) _____ Cell Phone (Mother) _____

Please provide information for a second person to contact in case of an emergency.

Name _____ Relationship to student _____

Home Phone _____ Cell Phone _____

Medical Information

Insurance Provider _____

Insurance Policy Number _____

Name Policy is under _____

Allergies/Health Concerns (Provide as much detail as possible regarding allergies or signs and symptoms.)

Continue on next page

Does the student take any medications regularly? Yes _____ No _____ If yes please explain.

Parent/Guardian Permission

Permission to Participate in Activities: I hereby give permission for the student named above to participate in events and activities sponsored by First Farragut UMC. ("FFUMC") This permission extends to all activities that my student attends, both upon FFUMC premises and off premises. To the extent any activities involve travel from FFUMC and/or overnight accommodation, I give permission for my student to ride in transportation and stay in overnight accommodations provided or arranged by FFUMC.

I further acknowledge and understand that by signing this permission form, my student will be permitted to participate in all activities on any event, unless I or another authorized parent, guardian or legal representative of my student provides FFUMC a written request that my student not participate in specific activities. I also acknowledge that it is my responsibility to make FFUMC ministerial staff and volunteers aware of any physical and/or medical limitations or conditions my student may have that may require special assistance or exemption from any activities.

Consent to Medical Treatment: In the event of a medical emergency, I give permission to FFUMC, its ministerial staff, employees and volunteers to make arrangements to obtain medical treatment for my student at a medical facility without need for further consent or permission from me. I further authorize FFUMC to provide the health insurance information specified on this form to any medical providers rendering treatment to my student.

Release of Claims: I, on my own behalf, hereby release and discharge FFUMC, its ministerial staff, employees, agents and volunteers, of and from any and all liability and claims for damages of any kind and nature that I may have or that may accrue as a result of my student's participation in FFUMC events. This release is to be regarded as binding upon any and all persons who may assert claims on behalf of my student arising from such activities to the fullest extent allowed under Tennessee law. I further agree to personally hold FFUMC harmless and to indemnify it for any and all liability and expenses, including attorney fees and litigation expenses, it may incur as a result of claims and actions brought on behalf of my student or anyone else, arising from my student's participation in a FFUMC activity.

Permission to Publish: I grant permission for FFUMC to use photographic and videographic depictions of my student, as well as audio recordings of my student's voice for electronic and print publications. I also give permission for FFUMC ministerial staff, employees and volunteers to friend, follow and/or otherwise communicate with my student via the Internet or through other means of electronic communications, specifically including, but not limited to, social media sites. I understand that my student is not required to participate in any form of electronic communications and may opt out or refuse to do so at any time.

Parent/Guardian Signature

Date

Relationship to Student _____