

Garden City Permission

I hereby give permission for my child, _____, to attend and participate in the Garden City Beach Retreat sponsored by St. Stephen United Methodist Church located at 6800 Sardis Road, Charlotte, NC 28270. I also give permission for my child's photo to be used in future promotional materials.

Medical Treatment/Liability Release

St. Stephen United Methodist Church has on record my signed authorization for medical treatment of my child (listed above) and I release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement and I acknowledge that we will be ultimately responsible for the cost of any medical care.

If necessary, describe in detail the nature of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability that affects your child of which the staff should be aware, and what, if any, action or protection is required on account thereof. This shall include a list of prescription medications (*youth is responsible for self-administration*); diagnosis of Attention Deficit Disorder (if there is anything we need to know); and medical updates or major illnesses since the last form. Should this child's activities be restricted for any reason? (Explain below or on separate sheet.)

Medical Information Update

This information is in addition to the Permanent Health Form, which should be on file at the church. If you have not turned in your Health Form, please include it with your registration.

- I have already turned in the 4-page Permanent Health Form and it is on file in the church office.
- The medical card on file with the church office is accurate.
- My medical information has changed. Enclosed is a copy of my current medical card.

Cooperation Covenant and Attendance

To insure the safety (physical/emotional/spiritual) of all, to facilitate our time together more effectively, and to adequately care for the facilities, it is necessary for all of us to agree on and observe some general guidelines. Along with the Cooperation Covenant, each participant is expected to attend the entire retreat and travel with the group. **(Please list any REQUESTS of special arrival and departure circumstances no later than 2 weeks prior to the trip. These must be approved by the Youth Minister in advance of the trip.)** We reserve the right to deny any request if it causes hardship on the group or program.

I have read and agree to abide by the Covenant and Attendance expectations of the UMYF. I understand that a serious infraction of this Covenant means I may be sent home at my own expense. (For more details on these behavioral expectations see the UMYF Cooperation Covenant on our website: www.ststephenumc.net/youth.html).

My signature below indicates that I have read and agree to the statements above including Garden City Permission, Medical and Liability Release, and endorsement of the Cooperation and Attendance Covenant.

Parent's Signature

Youth's Signature

Date

All forms and balances are due NO LATER THAN June 13, 2010 and shall be submitted to:

Nancy Baum, Garden City Registrar, St. Stephen UMC, 6800 Sardis Rd, Charlotte, NC 28270
704-364-1824, 704-364-0014 fax, www.ststephenumc.net