



Permission, Release & Medical Form
2025-26 Basketball Ministry

PLAYER INFORMATION

Name: _____ DOB: _____ Male: ____ Female: ____

Nickname: _____ School: _____ Grade: _____

Address: _____

Youth Email: _____

Youth Home Phone: _____ Youth Cell Phone: _____

PARENT(S) / GUARDIAN(S) INFORMATION

Name: _____ Name: _____

Email: _____ Email: _____

Phone (Cell): _____ Phone (Cell): _____

Phone (Home): _____ Phone (Home): _____

EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to participate in the Matthews United Methodist Church Youth Basketball Ministry for the 2024-25 season.

LIABILITY RELEASE: In consideration of MUMC allowing the Participant to participate in the youth basketball ministry, I, the undersigned, do hereby release, forever discharge and agree to hold harmless, MUMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property loss, damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved (including transportation to and from) this youth activity.

I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in the youth basketball ministry. Furthermore, on behalf of my minor Participant, I hereby assume all risks of personal injury, sickness, death, personal or property damage/loss and expense occurring as a result of participation in recreation activities involved herein. The undersigned does hereby agree to hold harmless and indemnify said Church for any liability sustained at said Church as a result of the negligent, willful or intentional act of said Participant, including expenses incurred to attendant thereto.

PERSONAL BELONGINGS: I acknowledge that neither my child/youth nor I have any expectation of privacy with respect to bags, pockets, coats or any other personal items (including but not limited to cell phones, cameras, data messaging/gathering devices, laptops, computers and/or personal effects) brought to any youth activity. I certify that I am responsible for the contents of my child's belongings, and they will not contain any illegal or prohibited substances or items.



PERMISSION: I hereby give my consent to the search of my child's bags and/or other possessions at the sole discretion of the MUMC staff. I understand and agree that the youth ministry's role in the caring of our youth, staff, volunteers and other third parties supersedes any notion of privacy or confidentiality with respect to these belongings. Finally, I understand that my child's prevention of,, or interference with, the inspection of his/her belongings will result in his/her dismissal from the youth basketball ministry.

Name of Youth Participant Signature of Youth Participant Date

Name of Parent / Guardian Signature of Parent / Guardian Date

MEDICAL INFORMATION

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, and in the absence of the child's parent or guardian, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and /or dental services rendered to the child or youth pursuant to this authorization.

As parent or guardian of the above-mentioned child, I/we understand that authorization/consent for the disclosure of the child's protected health information is a condition for participation in an athletic activity with Matthews United Methodist Church. I/we further understand that this health information might otherwise be protected by the Health Information Portability and Accountability Act (HIPAA) and may not be disclosed without either parent/legal guardian authorization under HIPAA. This health information may concern the child's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. I/we acknowledge and consent that on an as needed basis, and in the sole discretion of Matthews United Methodist Church, this information may be disclosed to church officials and administrators well as health care providers, hospitals and/or medical clinics and/or laboratories, coaches, and medical insurance coordinators As the parent/legal guardian, I understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA.

I/We, the parent/legal guardian, understand that I/we may revoke this authorization/consent at any time by notifying in writing a school administrator or the head coach. This authorization/consent expires one year from the date it is signed.

MEDICAL CONDITIONS: Please answer in detail or write N/A. Attach additional pages if necessary.

1. Please list all known medical conditions (Asthma, Diabetes, Epilepsy, etc.):

2. List any allergies (drug / medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s): _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (**required**): _____ (**Attach verification to this form**)

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy Holder's Name (please print): _____

Policy/Group ID#: _____

REQUIRED: COPY OF MEDICAL CARD: Attach a copy of both sides of medical insurance card:



MEDICATIONS: List all medications the youth may take during any youth ministry trips or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS** to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry with them any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication Name:	Dose:	Treatment for:	Dispensing instructions:
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OVER-THE-COUNTER MEDICATION: Do you give permission for an adult youth leader to give your child/youth over-the-counter medications needed and as directed on the label, to treat medical conditions that do not appear to require a doctor or hospital visit such as a headache, stomachache, or allergic reaction (including, but not limited to aspirin, acetaminophen, ibuprofen, antacids, antihistamines, antibiotic ointments, etc.) while at a youth ministry event?

☐ **YES.** I give permission for an adult youth leader to give my child / youth approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions. (If your child is allergic to any medications, please list those medications here:

Parent Signature: _____ Date: _____

☐ **NO.** Contact me before administering any over the counter medication to my child / youth. If I cannot be reached, I understand that my child will not receive any over-the-counter medications from an adult youth leader.

Parent signature: _____ Date: _____

MEDICAL CONDITION RELEASE: I hereby represent that my child/youth is in good health, that I have identified all known medical conditions, and that I have adequately informed MUMC youth staff (in writing) of any special concerns. **I understand that trained medical personnel will not necessarily be present at all MUMC youth events, and I authorize MUMC youth staff and/or volunteers to call for medical care or to transport my child to a medical facility or hospital if, in the opinion of such staff/volunteer, my child needs medical attention. I further authorize appropriate medical personnel to render such treatment as is necessary, in their professional opinion, for the health of my child.**

Name of Youth Participant

Signature of Youth Participant

Date

Name of Parent / Guardian

Signature of Parent / Guardian

Date



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Matthews United Methodist Church ("MUMC") has put in place preventative measures to reduce the spread of COVID-19, however, we **cannot guarantee** that you or your child(ren)/youth will not become infected with COVID-19 while participating in MUMC United Youth and/or other MUMC sponsored activities.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren)/youth and I may be exposed to or infected by COVID-19 by participating in MUMC United Youth and/or other MUMC sponsored activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MUMC employees, volunteers, and United Youth participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren)/youth or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren)/youth may experience or incur in connection with my child(ren)'s/youth's attendance at MUMC or participation in MUMC United Youth and /or other MUMC sponsored activities and programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless MUMC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MUCM, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any MUMC activity, event or program.

1.

Youth's Printed Name

Youth's Signature

Date

2.

Youth's Printed Name

Youth's Signature

Date

3.

Youth's Printed Name

Youth's Signature

Date

4.

Youth's Printed Name

Youth's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date



REACH. TEACH. PRAISE. SERVE.
MATTHEWS UNITED METHODIST

Matthews UMC Photo Release Form

I hereby irrevocably agree and consent that you, Matthews United Methodist Church ("MUMC"), and your assigns, may use all or part of your videotaped, filmed, televised and/or live streamed image of my child/youth _____ (Print Name) ("child/youth") for any audio, video, photographic, videotaped, filmed, televised and/or live streamed MUMC worship service and/or worship experience ("worship"), any United Kids and/or United Youth ministry event/experience/activity ("Youth & Kids Ministry") or any other general MUMC church related event/experience/activity ("MUMC Activities")(collectively "Church Programs") that in which my child/youth participates.

You have the right to use the picture, video, silhouette, audio and other reproductions and/or electronic image of the likeness and voice of my child/youth ("Image") in connection with any audio tape, photograph, video, film, television program, live internet streaming, and/or videotaped on-line internet streaming of any Church Program in which the image is incorporated and in any advertising material promoting any Church Program,

You may edit my child/youth appearance as you see fit.

You shall have all right, title and interest in any and all results and any proceeds from said use or appearance of the Image in any Church Program and that neither I nor my child/youth shall be compensated for the use of the Image.

The rights granted you are perpetual, worldwide and include the use of the Image in any medium, whether all or part of the Church Program may be shown, including internet based or live broadcast and cable television and videocassettes.

This consent is given as an inducement for you to use the Image and I understand you will incur substantial expense in reliance thereof.

You are not obliged to make any use of the Image or exercise any of the rights granted you by this release.

I have read and understand the meaning of this release.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, State, Zip

Parent/Guardian Email

Phone