

Halifax Youth Center

CONSENT AND WAIVER

Halifax United Methodist Church • 105 Wind Hill Drive • Halifax, PA 17032 • (717) 896-8092

IMPORTANT NOTE: THIS CONSENT AND WAIVER APPLIES TO ALL ACTIVITIES HELD, SPONSORED OR ENDORSED BY THE ROCKSTAR (INFANT THROUGH GRADE 5) AND ROCKSOLID (GRADES 6 THROUGH 12) MINISTRIES AND ANY AFFILIATED MINISTRIES OF THE HALIFAX UNITED METHODIST CHURCH. THIS CONSENT AND WAIVER WILL REMAIN IN EFFECT UNTIL THE EARLIER OF THE SUBJECT CHILD/STUDENT'S GRADUATION FROM GRADE 12, 18TH BIRTHDAY OR THE REPLACEMENT OF THIS CONSENT/WAIVER WITH AN UPDATED CONSENT/WAIVER. WE WILL REMIND YOU TO REVIEW AND MODIFY THE INFORMATION PROVIDED IN THIS CONSENT/WAIVER ON AN ANNUAL BASIS (USUALLY AT THE BEGINNING OF THE SCHOOL YEAR). HOWEVER, ANY CHANGES TO THE INFORMATION PROVIDED IN THIS FORM SHOULD BE REPORTED TO THE CHURCH AS SOON AS POSSIBLE, BUT NO LATER THAN 30 DAYS AFTER THE CHANGE OCCURS. THE INFORMATION PROVIDED IN THIS FORM WILL NOT BE PROVIDED TO ANY INDIVIDUAL OR ENTITY OUTSIDE OF THE HALIFAX UNITED METHODIST CHURCH OR ITS AFFILIATED MINISTRIES.

CHILD/STUDENT NAME (FIRST, MIDDLE AND LAST):

BIRTHDATE:

CURRENT AGE:

CURRENT GRADE:

ADDRESS:

SCHOOL DISTRICT:

STUDENT'S CELL PHONE (IF APPLICABLE):

STUDENT'S EMAIL ADDRESS (IF APPLICABLE):

I CONSENT TO THE HALIFAX UNITED METHODIST CHURCH AND ITS AFFILIATED MINISTRIES MAKING DIRECT CONTACT WITH MY CHILD BY ANY MEANS (PHONE, MESSAGING, SOCIAL MEDIA, EMAIL, ETC.): YES NO

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PARENT/GUARDIAN HAVING PHYSICAL CUSTODY, LEGAL CUSTODY AND/OR SHARING RESPONSIBILITY FOR THE CARE OF THE ABOVE-NAMED CHILD/STUDENT (PLEASE INCLUDE ANY STEP-PARENTS, IF APPLICABLE). PLEASE PROVIDE NAMES IN THE ORDER THAT YOU WISH TO BE CONTACTED IN THE EVENT OF AN EMERGENCY OR IF CONTACT NEEDS TO BE MADE REGARDING THIS CHILD/STUDENT:

(1) PARENT/GUARDIAN NAME:

RELATIONSHIP TO CHILD/STUDENT:

ADDRESS:

PHONE: DAY: ()

NIGHT: ()

CELL: ()

EMAIL ADDRESS:

(2) PARENT/GUARDIAN NAME:

RELATIONSHIP TO CHILD/STUDENT:

ADDRESS:

PHONE: DAY: ()

NIGHT: ()

CELL: ()

EMAIL ADDRESS:

(3) PARENT/GUARDIAN NAME:

RELATIONSHIP TO CHILD/STUDENT:

ADDRESS:

PHONE: DAY: ()

NIGHT: ()

CELL: ()

EMAIL ADDRESS:

(4) PARENT/GUARDIAN NAME:

RELATIONSHIP TO CHILD/STUDENT:

ADDRESS:

PHONE: DAY: ()

NIGHT: ()

CELL: ()

EMAIL ADDRESS:

IF THERE ARE ADDITIONAL PARENT(S)/GUARDIAN(S) INVOLVED IN THE LIFE OF THE CHILD/STUDENT, PLEASE ATTACH AN ADDITIONAL SHEET WITH THE ABOVE INFORMATION.

PLEASE LIST THE NAME(S) AND RELATIONSHIP OF ANY PERSONS RESIDING WITH THE CHILD/STUDENT AT HIS/HER PRIMARY RESIDENCE (SIBLINGS, GRANDPARENTS, ETC.):

EMERGENCY CONTACT NAME:	RELATIONSHIP TO CHILD/STUDENT:	
ADDRESS:		
PHONE: DAY: ()	NIGHT: ()	CELL: ()
CHILD/STUDENT'S PRIMARY CARE PROVIDER:	PHONE:	
CHILD/STUDENT'S DENTIST:	PHONE:	
HEALTH INSURANCE CO:	PHONE:	
IS THIS AN HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO	ID/POLICY NO:	
PRIMARY INSURANCE SUBSCRIBER NAME:	GROUP NO:	
IS YOUR CHILD/STUDENT ON ANY REGULAR MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST AND EXPLAIN DOSAGE AND ADMINISTRATION (ATTACH ADDITIONAL SHEET, IF NECESSARY):		
DOES YOUR CHILD/STUDENT HAVE ANY PHYSICAL, MENTAL OR SOCIAL CONDITION(S) OR LIMITATION(S) THAT MAY REQUIRE SPECIAL ATTENTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST AND EXPLAIN (ATTACH ADDITIONAL SHEET, IF NECESSARY):		
DOES YOUR CHILD/STUDENT REQUIRE SPECIAL ACCOMMODATIONS OR HAVE SPECIAL ACCESSIBILITY NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN (ATTACH ADDITIONAL SHEET, IF NECESSARY):		
IS THERE ANY OTHER CONCERN OR SPECIAL INFORMATION RELATING TO THIS CHILD/STUDENT THAT YOU THINK WOULD BE HELPFUL OR NECESSARY TO THOSE PROVIDING CARE OR SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN (ATTACH ADDITIONAL SHEET, IF NECESSARY):		

I am authorized to execute this consent and waiver on behalf of the child/student listed above.

I give permission for the child/student listed above to attend and participate in any and all events and activities held, sponsored or endorsed by the RockSTAR (infant through grade 5) and RockSOLID (grades 6 through 12) ministries and any affiliated ministries of the Halifax United Methodist Church. I understand and agree that this consent and waiver will remain in effect until the earlier of the child/student's graduation from grade 12, 18th birthday or the replacement of this consent/waiver with an updated consent/waiver. I further understand and agree that I will report any changes to the information provided in this consent and waiver as soon as possible, and no later than 30 days after the change occurs. I further understand and agree that I will be reminded to review and modify the information provided in this consent and waiver at least once per year, and that I will fully comply with that annual review and modification process. I further agree to release and hold harmless the Halifax United Methodist Church and its staff and volunteers in their provision of care and supervision relating to any event to which this consent and waiver may be subject.

I authorize the staff and/or volunteers present at any and all events and activities held, sponsored or endorsed by the RockSTAR and RockSOLID ministries and any affiliated ministries of the Halifax United Methodist Church to give consent for medical treatment to be administered to the child/student listed above for any injury, illness or accident that may occur while under their care or supervision. I further agree to release and hold harmless the Halifax United Methodist Church and its staff and volunteers in their exercise of this authority to consent to medical treatment. It is my understanding that this child/student will be covered by health insurance provided by me or another parent/guardian. I further understand and agree that I am responsible for payment for any medical care provided to this child/student.

I give permission for my child/student to be transported in vehicles operated by any adult staff and volunteers for the purpose of transportation relating to any event or activity held, sponsored or endorsed by the RockSTAR and RockSOLID ministries and any affiliated ministries of the Halifax United Methodist Church. I further agree to release and hold harmless the Halifax United Methodist Church and its staff and volunteers in their provision of such transportation.

I give permission for the child/student listed above to be photographed or video recorded by the staff and volunteers of Halifax United Methodist Church and any affiliated ministries. I agree and understand that these photographs may be displayed or disseminated in a public manner by the church by any physical or electronic means, including the posting of such photographs and video recordings on affiliated social media accounts.

PRINTED NAME OF PARENT/GUARDIAN EXECUTING THIS CONSENT/WAIVER:	
SIGNATURE OF PARENT/GUARDIAN:	DATE: