

PARENT/GUARDIAN PERMISSION FORM (9/2023 – 9/2024)
FOR YOUTH IN GRADES 6 – 12 (ONE PER HOUSEHOLD)

YOUTH #1

Name: _____ Age: _____
Date of Birth: _____ Grade: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Youth Phone # _____ Youth Email: _____

YOUTH #2

Name: _____ Age: _____
Date of Birth: _____ Grade: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Youth Phone # _____ Youth Email: _____

YOUTH #3

Name: _____ Age: _____
Date of Birth: _____ Grade: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Youth Phone # _____ Youth Email: _____

GENERAL PERMISSIONS

1. Fuse Youth Ministry **does** have permission to contact my child(ren) in the following ways:

_____ Social Media _____ SMS text (via Mobile Device) _____ Youth Cell Phone (Call)
_____ Youth E-mail _____ **Check here if you do not grant permission to contact the child.**

2. Should we desire to do a group activity at Brandon Park during fuse youth group, do you give permission for your child to walk with the group to Brandon Park? Circle one: YES NO

3. In the case that your child has a valid driver's license and transports themselves to programs, ministries, and events at First Church, and wishes to leave before the scheduled ending time, do you give permission for your child to leave early? Circle one: YES NO N/A



PARENT/GUARDIAN #1

Name: _____ Phone: _____ Email: _____

Would you like to receive the First Church email newsletter? YES NO

Address (if different from above): _____

PARENT/GUARDIAN #2

Name: _____ Phone: _____ Email: _____

Would you like to receive the First Church email newsletter? YES NO

Address (if different from above): _____

CUSTODY CONCERNS

If it applies, please list, and explain any custody issues or concerns that we should be aware of below. Are there any individuals that are **not allowed** to pick up and/or provide transportation to/from First Church Williamsport fuse Youth Ministry activities, gatherings, or events?

YOUTH MEDICAL INFORMATION

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

Medical Insurance Company: _____

Policy #: _____

Physician's Name: _____

Physician Office: _____ Office Phone: _____

Dentist Name: _____

Dental Office: _____ Office Phone: _____

1. Please list any allergies (medication, food, insect bites, etc.):

2. Please list any medical conditions, major illnesses, or surgeries (epilepsy, diabetes, etc.):

3. Please list any special or learning needs (ADHD, etc.):

4. Please list any reason the activities of the child(ren) should be restricted (concussion, non-swimmer, etc.)



Photograph & Video Release Form – Minors (under 18)

I, _____, (PRINT FULL NAME HERE) being the parent or legal guardian of _____, (PRINT FULL NAME OF MINOR) a minor child, hereby authorize First Church Williamsport in Williamsport, PA, (hereinafter FCW), including all staff members, agents, employees and all other affiliates of FCW, to the rights to use the image, silhouette, other reproductions of physical likeness, sound of voice as recorded on audio or video of the aforementioned minor, without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. Photographic, audio, or video recordings may be used for the following:

YOU MAY USE THEIR IMAGE ON (CHECK ALL THAT APPLY):

- Worship Services and Presentations
- Online Video (Church Online Platform)
- Archived Video (distributed via Facebook, YouTube, etc.)
- First Church Williamsport Website (firstchurch.cc)
- Social Media pages (Facebook, Twitter, Instagram, etc.)
 - You can tag them on social media

YOU MAY NOT USE THEIR IMAGE

- I do not consent to their image being shown.

By signing this release, I understand this permission signifies that photographic, video, and audio recordings of my child may be electronically displayed via the Internet or in the public setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only. **I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.**

CONTACT INFORMATION

Address (Line 1)

Address (Line 2 – P.O. Box, Apt, etc.)

City State Zip

Telephone #

Email Address

SIGNATURES

Full Name of Minor (Print)

Full Name of Parent/Guardian (Print)

Full Name of Parent/Guardian (Signature)

Date

Witness (Print)

Witness (Signature)