

# 2007 INFORMATION FORM

**PLEASE PRINT**

Fill out completely, leaving no blanks. If not applicable, please enter N/A.

Youth _____ Name	_____ Date of Birth	_____ Social Security Number
Address _____ Street	_____ City	_____ State
_____ Zip Code	Parent/Guardian _____ Name	_____ Parent Cell Phone Number
_____ Parent Email Address	Contact Info _____ Home Phone Number	_____ Youth Cell Phone Number
_____ Youth Email Address		

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD**

Please make sure to include your subscriber ID number and group number.

Secondary Emergency Contact _____ Other Than Parent/Guardian	_____ Name	_____ Relationship to Youth
Contact Info _____ Home Phone Number	_____ Cell Phone Number	
Date of Last Tetanus Shot _____		
Insurance _____ Company	_____ Subscriber ID Number	_____ Group Number
List ALL Medications Being Taken		List ANY Allergies
_____		_____
_____		_____
_____		_____
Please list any special needs, conditions, or limitations of which we need to be aware: _____		
_____		

**PLEASE COMPLETE BOTH SIDES**

# 2007 ANNUAL CONSENT FORM

**This form will NOT be accepted unless it is complete and notarized.**

The undersigned does hereby give permission for my child, \_\_\_\_\_  
to attend and participate in activities with the Broad Street Youth Fellowship, including but not limited  
to, regular weekly activities and the following special trips:

~Resurrection 2007  
(January 12-14)

~Wonders in the Woods  
(June 18-July15)

~Middle School Summer Trip  
(July16-20)

~N\*Light\*N Trip(s)

~High School Mission  
(June 10-16)

~Other \_\_\_\_\_

This will include transportation to and from each event, retreat, or activity.

We (I), the undersigned parent/guardian, acknowledge that there are inherent and understood risks of personal injury associated with the activities as set forth above.

In the event of injury, we (I), the undersigned parent/guardian, authorize any adult person, in whose care the minor has been entrusted, to consent to any 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, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital.

We (I), the undersigned parent/guardian, shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization and further agree(s) to indemnify and hold harmless Broad Street United Methodist Church, its agent and employees, from any and all claims for medical expense and/or injury that may arise from the activity here and above described.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Broad Street United Methodist Church.

\_\_\_\_\_  
Parents' /Guardian Signature

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signed Before Me on This Date

\_\_\_\_\_  
My Commission Expires

**PLEASE COMPLETE BOTH SIDES**