

**2016-2017 Annual Universal Field Trip Permission
New Hope UMC – Youth**

Student's Name: _____ Grade: _____ Birth Date: _____
Parent/Guardian Name(s): _____
Primary Parent Phone: _____ Secondary Parent Phone: _____
Parent Email: _____ Student Email: _____
Student Phone: _____ Permission to receive text? _____

By signing below, I certify that I am the parent/legal guardian of this student and give permission for my child to accompany New Hope UMC – Youth and designated chaperones on field trips that are planned or will be planned in the current school year (August 2016-July 2017).

- I understand that I will be notified of any cost, the date, the time of departure and the anticipated return time(s) for each trip.
- I understand that some Field Trips will be spontaneous.
- In granting permission, I assume responsibility for any damage to person(s) or property caused by my child while they are participating on a field trip.
- I agree that if it is necessary for my child to receive medical treatment during the course of the trip, I will be responsible for any and all relevant medical or dental costs.
- I agree that if the behavior or health of my child should result in him/her being sent home prior to the expected return time, I will be responsible for necessary arrangements and expenses.
- I agree that I will not hold New Hope UMC, including its staff and volunteers, responsible for any loss of personal property on field trips.

EMERGENCY MEDICAL TREATMENT

I give permission for youth leaders to treat my child in the event of an emergency.

- List any food/medicinal allergies or pertinent medical information:

- Physician name and phone number: _____
- Healthcare Provider Number: _____

PHOTOGRAPHY

I grant permission allowing publication of any photograph of my child for New Hope UMC's use on its website, facebook page, newsletters, bulletin boards, etc. Yes ____ No ____

RELEASE FOR PICK UP

The following is a list of adults that are permitted to pick up my child:

Names	Phone #	Relation to Child
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

**2016-2017 Personal Covenant
New Hope UMC – Youth**

By signing below, I covenant with New Hope United Methodist Church, my parents and my peers that my actions, words and behavior will positively reflect on all of us during any event or activity of which I am a part.

I further covenant that I will follow all rules governing this activity. I understand that the use of drugs, alcohol, tobacco, profanity, or violence of any kind will not be tolerated. I further understand that “public displays of affection” will be limited to hand holding.

I understand that if these promises are broken, I will be sent home at my parents’/guardians’ expense.

Youth Signature:

Date:

Parent Signature:

Date:
