

FUMC Youth Ministries

Registration Form 2010-2011

Name: _____ Gender: Male _____ Female _____ Birth Date: _____

Age _____ School _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent or Guardian(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Please list two emergency contacts: (Adults other than parent or guardian(s))

Name _____
Phone _____
Address _____

Relationship to Child _____

Name _____
Phone _____
Address _____

Relationship to Child _____

Please list important Medical Conditions (Include allergies, medications, depression, behavior issues, etc.)

Will your child bring medicine to activities? (including overnight activities) _____ Yes _____ No
If yes, for what? _____

Date of last Tetanus shot _____ Must be within the last 10 years.

Doctor's _____ Phone: _____ Dentist's _____ Phone: _____
Name: _____ Name: _____

Medical Insurance _____ Group Name _____ Policy Number _____

Medical and Liability Release Statement

I give permission for my child to participate in First United Methodist Church sponsored events, (any known, advertised church program for children and/or youth). I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed in this form.

I understand all reasonable safety precautions will be taken at all times by the staff at First United Methodist Church, and its agents during children's and youth events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First United Methodist Church, their leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the adult leaders at First United Methodist Church to act on my behalf with respect to my child's health and safety while at or en route to and from activities. I also give permission for a physician or dentist selected by First United Methodist Church and its agents to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I accept full responsibility for any expense incurred while providing medical treatment for my child. I understand that this medical release will be on file at 1376 Olive Street, from September 1, 2010 through August 31, 2011.

Signature(s) of Legal Parent/Guardian _____

Date _____

I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken over the course of the year for the purpose of promoting FUMC youth activities, on bulletin boards, and the internet.

Signature of Legal Parent/ Guardian _____