**\_\_\_\_\_\_\_\_\_\_\_ UMC Child/Youth Registration**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UMC (ADD CHURCH NAME AND ADDRESS)**

|  |  |  |
| --- | --- | --- |
| **Child/Youth Name**#1 | **Age/Grade** | **Cell Phone** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Child/Youth Name**#2 | **Age/Grade** | **Cell Phone** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Child/Youth Name**#3 | **Age/Grade** | **Cell Phone** |
|  |  |  |

|  |
| --- |
| **Parent/Guardian of Child/Youth (Primary Residence)** |
| **Name** | **Relationship** | **Cell Phone** | **Email** |
|  |  |  |  |
|  |  |  |  |
| **Address:**  | **Apt Number:** |
| **City:**  | **State:** | **Zip Code:** | **Home** **Phone:** |

|  |
| --- |
| **Parent/ Guardian of Youth (Secondary Residence, if applicable)**  |
| **Name** | **Relationship** | **Cell Phone** | **Email** |
|  |  |  |  |
|  |  |  |  |
| **Address:**  | **Apt Number:** |
| **City:**  | **State:** | **Zip Code:** | **Home** **Phone:** |

**If the person who brings them or takes them from** \_\_\_\_\_\_\_\_\_\_**UMC Youth/Child event is not the above-mentioned parent/guardian**

|  |
| --- |
| **Adult(s) Who Bring[s] the Child/Youth:** |
| **Name** | **Relationship** | **Cell Phone** | **Email** |
|  |  |  |  |
|  |  |  |  |
| **Address:**  | **Apt Number:** |
| **City:**  | **State:** | **Zip Code:** | **Home** **Phone:** |

**DO NOT release my youth to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Travel/Media Rights Release (check the applicable photo release)***

* I give permission for my child/youth named above to participate in all child/youth activities for \_\_\_\_\_\_\_\_\_ UMC, including any activities off premises.
* I give permission for my child/youth to travel by car/ bus/ public transit with \_\_\_\_\_\_\_\_\_\_ staff/adult volunteer leaders for \_\_\_\_\_\_\_\_ activities.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_ I permit \_\_\_\_\_\_\_\_\_\_\_\_UMC to use any photographs, video images and sounds, and/or audio sounds of my child/youth participating in \_\_\_\_\_\_\_\_\_ UMC activities for the purpose of promoting \_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMC programs. | **OR** | I DO NOT permit \_\_\_\_\_\_\_\_\_\_UMC to use any photographs, video images and sounds, and/or audio sounds of my youth participating \_\_\_\_\_\_\_\_\_\_UMC activities for the purpose of promoting \_\_\_\_\_\_\_\_\_\_UMC programs. |

***Release of Liability***

In case of any accident or illness during any St. Andrew’s activities or during transportation to or from one of these activities***, I agree to release \_\_\_\_\_\_\_\_\_\_UMC*** ***and EPA Conference, its employees, and volunteers from all liability.***

***Medical Release/ Permission for Treatment/ Participant release form for*** *\_\_\_\_\_\_\_\_\_\_****UMC*** ***and EPA Conference to administer medication***

*Please notify the coordinator of* \_\_\_\_\_\_\_\_\_\_*UMC* *child/youth event of any medications that your child/youth need(s) to take during any of \_\_\_\_\_\_\_\_\_\_UMC* *activities. All medication must be given to an adult \_\_\_\_\_\_\_\_\_\_UMC* *staff member/ adult \_\_\_\_\_\_\_\_\_\_UMC Volunteer Leader and will only be administered by a designated \_\_\_\_\_\_\_\_\_\_UMC adult leader.*

I, the undersigned parent/guardian of the above mentioned child(ren) and/or youth, who is a (are)minor(s), do hereby authorize all volunteers and employees of \_\_\_\_\_\_\_\_\_\_UMC as an agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical and/or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable. I also agree to release \_\_\_\_\_\_\_\_\_\_UMC and the EPA UMC Conference, its staff and volunteers from any financial responsibility related to any and all such diagnoses, treatment or hospital care mentioned above.

***Medical Information***

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Youth Name#1 | Health Insurance ID # | Date of Last Tetanus (DPT) | Allergies |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Youth Name#2 | Health Insurance ID # | Date of Last Tetanus (DPT) | Allergies |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Youth Name#3 | Health Insurance ID # | Date of Last Tetanus (DPT) | Allergies |
|  |  |  |  |
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| --- |
| Person (not living with family) to contact in an emergency (when parent/guardian cannot be reached): Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
|  I have read, understood and agreed to all of the above.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian Signature) (Date)  |

*Note: All of the above releases will remain in effect through \_\_date\_\_\_\_\_\_\_\_\_\_\_ unless revoked sooner in writing to \_\_\_\_\_\_\_\_\_\_UMC, address*