

_____ UMC Child/Youth Registration
 _____ UMC (ADD CHURCH NAME AND ADDRESS)

Child/Youth Name	Age/Grade	Cell Phone
#1		

Child/Youth Name	Age/Grade	Cell Phone
#2		

Child/Youth Name	Age/Grade	Cell Phone
#3		

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	Health Insurance ID #	Date of Last Tetanus (DPT)	Allergies
#1			

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

Youth Name	Health Insurance ID #	Date of Last Tetanus (DPT)	Allergies
#3			

Person (not living with family) to contact in an emergency (when parent/guardian cannot be reached):

Name: _____ Relationship: _____ Phone #: _____

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