

MESSIAH UMC - YOUTH MINISTRY REGISTRATION FORM 2017-2018

STUDENT INFO

Name _____

Student Cell _____

Home Phone _____

Email Address _____

Mailing Address _____

Birthday _____ Grade _____ School _____

Activities/Interests/Skills _____

MEDICAL INFO

Emergency contact _____ Relationship _____

Phone _____

insurance Company _____ Policy Number _____

Allergies _____

Special Dietary Needs _____

Medications _____

Notes _____

During the course of the youth programming, participants may experience minor conditions such as stomach aches, scrapes, headaches, etc. that require treatment. To avoid making unnecessary calls, we ask that you approve in advance the administration of the following over-the-counter medications to the participant as deemed necessary: Tylenol/non-aspirin, eye drops, cough medicine, decongestant, antibiotic ointment, chewable antacids, and ice for swelling.

My child may have:

all of the above none of the above all of the above, except _____

PARENT/GUARDIAN INFO

Name _____

Cell _____

Email Address _____

Mailing Address _____

Employer _____

PARENT/GUARDIAN INFO

Name _____

Cell _____

Email Address _____

Mailing Address _____

Employer _____

LIABILITY RELEASE

Messiah United Methodist Church Waiver of Responsibility & Liability Release Form

This document must be signed by all participants and on file prior to first participation.

The undersigned his/her heirs, executors, administrators, guardians, and/or parent(s) assigns on behalf of himself/herself, individually, and on release, waive, absolve, indemnify, agree to hold harmless, and discharge Messiah United Methodist Church and its agents, employees, representatives, successors and assigns, from any and all liability for claims, demands, actions, judgments, and executors which may arise from any injury, loss, or damage resulting from the use by the undersigned of his/her family of outdoor facilities, indoor facilities, the grounds, their equipment and apparatus, owned and maintained by the said Messiah United Methodist Church located at 17805 County Road 6, Plymouth MN 55447 or resulting from attendance at any and all campus and off campus events or sponsored activities. The consideration to the undersigned, for the execution of this release of liability, is the permission to him/her, and their minor children, by Messiah United Methodist Church to use the above state facilities, grounds, equipment, and apparatus, according to the guidelines of the event or activity.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

PHOTO RELEASE

I give permission for my son/daughter's image to be used/published for promotional materials, on Social Media, on the Messiah UMC website, and for Newsletter and other relevant publications.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date