

# MESSIAH UMC - YOUTH MINISTRY REGISTRATION FORM 2019-2020

## 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