



## REGISTRATION FORM

### CHILD/YOUTH INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ School: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

### PLEASE CHECK ONE:

PICK UP MY CHILD FROM SCHOOL

PICK UP MY CHILD FROM BOYS AND GIRLS CLUB

I WILL BRING MY CHILD TO KREATIVE KIDZ ZONE

### PLEASE CHECK ONE:

RETURN MY CHILD TO BOYS & GIRLS CLUB

I WILL PICK UP MY CHILD

**PARENTAL CONSENT**

The undersigned does hereby give permission for my child \_\_\_\_\_  
(child's name)("Participant"), to attend and participate in any Cashiers United Methodist Church children/youth ministry activities, events, retreats and childcare during the period of September 1, \_\_\_\_\_ – August 31, \_\_\_\_\_.

LIABILITY RELEASE: In consideration of Cashiers United Methodist Church allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Cashiers United Methodist Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Cashiers United Methodist Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

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Name of youth participant \_\_\_\_\_ Signature of youth participant \_\_\_\_\_ Date \_\_\_\_\_

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Name of parent/guardian \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

**CHILD/YOUTH INFORMATION** *(Please Print)*

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

**PRIMARY CARE PHYSICIAN**

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

**INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

**Required:** Attach a copy of medical insurance card here.

**MEDICATION:**

List all medications the child/youth will take during any child/youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult child/youth leader in their original containers with complete dispensing instructions before the start of the event. Children/Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

<b>Medication Name</b>	<b>Dose</b>	<b>Treatment for</b>	<b>Dispensing instructions</b>
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent signature \_\_\_\_\_

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
Parent Signature \_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

**Cashiers United Methodist Church Photo Release Form for Children and Youth**

I agree that Cashiers United Methodist Church may photograph and record my child/dependent’s likeness and activities (Images)<sup>1</sup> during church-related activities. I grant the following rights to Cashiers United Methodist Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Cashiers United Methodist Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

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Child/Youth’s Name (print)

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Parent/Guardian Name (print)

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Parent/Guardian Signature

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Date

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Street Address

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City, State, Zip

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Parent/Guardian Email

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Phone

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<sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.