

**The United Methodist Church of Wellsboro**  
**Visitor Registration Form for Children and Youth**

Event Date \_\_\_\_\_ Event \_\_\_\_\_

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

Phone: \_\_\_\_\_

***In Case of Emergency, please call:***

1. \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list the names of persons authorized to pick up your child at the conclusion of the event.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Does your child have any allergies to foods, milk, bees, etc. or any medical problems that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Release and Liability Release**

I hereby authorize event staff to obtain and give consent for medical treatment for my child for such injury or illness that may occur during the event and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable **in excess** of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Group No. \_\_\_\_\_

Physician \_\_\_\_\_ Phone No. \_\_\_\_\_