

The United Methodist Church of Wellsboro (UMCOW)
Registration form for Youth

This registration form gives permission for my child to participate activities sponsored by the United Methodist Church of Wellsboro.

Name _____ Sex _____ Date of birth _____
Last First MI

Address _____

Name of parent/guardian _____

Home Phone _____ Work phone _____ Cell phone _____

Name of parent/guardian _____

Home Phone _____ Work phone _____ Cell phone _____

Youth email address _____ Parent email address _____

In case of emergency parent(s)/guardian(s) will be contacted. If unable to contact parent(s)/guardian(s), please list emergency contacts.

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

I give permission for my child to participate in activities sponsored by the United Methodist Church of Wellsboro that are held on the premises of the church and properly supervised by adults. Permission is also extended to supervised activities that may involve walking to/in the surrounding neighborhood. Permission for church sponsored activities at locations other than the church will be granted on a separate permission form. The medical release is valid for all church sponsored activities, regardless of location.

Please check all that are applicable:

In addition to parent/guardian,

My child may be picked up by _____

My child may be transported home by the parent of another youth member (list names) _____

My child may be transported home by a youth member with a valid license (list names) _____

My child may leave on his/her own (walking or driving) _____

This form is valid for 1 year. Parent/guardian is responsible for updating information. Both sides must be filled in.

Parent/guardian signature _____ Date _____

Medical Information

This information is held in strict confidence. Information regarding allergies or medical conditions will be shared only with adult leaders as necessary for safe participation in activities. Information on medications and insurance will be shared only with health professionals in case of an emergency if parent/guardian cannot be contacted. Your signature indicates agreement with this policy.

Name _____

1. Please list any food allergies _____

2. Please list any medication allergies _____

3. Please list medications your child takes regularly _____

4. Does your child have any other medical or physical condition that we need to be aware of?

5. Please explain any conditions and/or emergency procedures that we should be familiar with.

Medical Treatment Release and Liability Release

(Please initial each line to indicate your authorization)

_____ I hereby authorize activity leaders of the United Methodist Church of Wellsboro to obtain and give consent for medical treatment for my child for such injury or illness that may occur during a church sponsored activity and hereby hold the activity leaders 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 a church sponsored activity.

_____ My child is covered by the medical insurance listed below. I understand that the United Methodist Church of Wellsboro provides limited/supplemental medical payment coverage for injuries arising out of event activities which is payable in excess of other collectable insurance. Payments of any medical costs not covered by insurance will be my responsibility.

_____ I give permission for the United Methodist church of Wellsboro to display pictures of my child in the church newsletter and/or church building

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Medical Insurance carrier _____ Account/Group # _____

Physician _____ Physician phone _____

This form is valid for one year.