

First United Methodist Church – Fort Collins, CO
Children & Youth Ministry
Year-Long Registration & Medical Release Form



Child/Student Information (Required Grades K-12):

Child/Student Full Name(s)	DOB	Age	Current Grade	Gender	Allergies/Special Needs?
1					
2					
3					
4					

Child's Skills/Interests:

Please check all that apply.

- | | | | |
|---|--|---|----------------------------------|
| <input type="checkbox"/> Acolyte | <input type="checkbox"/> Liturgist | <input type="checkbox"/> Communion Server | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Special Music | <input type="checkbox"/> Choir | <input type="checkbox"/> Art |
| <input type="checkbox"/> Sunday Worship A/V | _____ | | |

Parent/Guardian Contact Information (Required Grades K-12):

Parent/Guardian Name(s)	Phone Numbers	Mailing Address	Location on Sunday Mornings
	H - C -	Street City State Zip	
	H - C -	Street City State Zip	
Email Address(es)*	1. 2.		

* By providing email address(es) above you will "opt-in" to distribution lists relevant to your child/children.

Parent Skills/Interests:

Please choose items you would be willing to help with in the coming year.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Food Prep/Cleanup | <input type="checkbox"/> Event Setup/Tear Down | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Work Projects |
| <input type="checkbox"/> Art/Crafts/Decorating | <input type="checkbox"/> Music | <input type="checkbox"/> Driving | <input type="checkbox"/> Acolyte Co-Coordinator |
| <input type="checkbox"/> Children's Sunday School | <input type="checkbox"/> Youth Sunday School | <input type="checkbox"/> Youth Group | <input type="checkbox"/> Youth Retreats |
| <input type="checkbox"/> A/V & Technology | <input type="checkbox"/> Children's Sabbath | <input type="checkbox"/> Youth Mission Trips | <input type="checkbox"/> Children & Family Council |
| <input type="checkbox"/> Youth Council | | | |

Emergency Contact Information (Required Grades K-12):

Emergency Contact Name(s)	Phone Numbers	Mailing Address
	H - C -	Street City State Zip
	H - C -	Street City State Zip

Medical Release (Required Grades K-12):

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First United Methodist Church, (hereafter FUMC), every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. I also authorize FUMC Staff to administer any prescribed medications necessary for my child's health/safety during any on-site or off-site events. In the event that an accident occurs and/or any medication is administered, I understand that I will be required to sign an incident report.

I, on behalf of my child/children and myself, hereby release and hold harmless FUMC and its constituents for any injury, illness, death or other accident that may occur during church sponsored activities. I also consent to my child/student being driven by adult volunteers over the age of 21 with proper background checks & driver history information on file with the church office.

I understand that FUMC does not carry medical insurance on people participating in their activities. I agree to provide my insurance information at the time of service for any medical expenses and I am aware that I may be billed by the medical provider for any expenses not covered by my insurance. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills. I understand that it is my responsibility to communicate any changes to this information.

Signature (Required Grades K-12):

X _____
Signature (Parent or Guardian of minor participants)

Date: __ / __ / ____

Media Release Opt-Out (Optional):

X _____ By initialing here I specify that I would NOT like photographs or video footage of my child/student on the website or in other church publications.

Medical Information (Required Grades 4-12):

Insurance Co. _____ (____) _____ - _____
Phone

Address: _____
Street City State Zip

Policy #: _____ Policy Holder's Identification # _____

Doctor's Name: _____ (____) _____ - _____
Last First Phone

Doctor's Address: _____
Street City State Zip

Child/Student Name	Date of Last Tetanus Shot	Medication(s) he/she can not take
1		
2		
3		
4		

Year-Long Authorization (Required Grades 4-12):

Parents/Guardians, please note that YOU will need to be responsible for informing the supervising staff member of any changes to the medical or emergency contact information throughout the year.

In signing the below year-long authorization I understand that I am giving my **permission** as parent/guardian for my child/student to participate in church sponsored events both on and off site for the entire year, effective August 2016 – August 2017. I am also confirming the accuracy of all information I have provided. If any accident should occur due to medical or personal conditions not listed, I recognize that this is my responsibility and will not hold FUMC, their constituents liable.

Signature (Required Grades 4-12):

X _____
Signature (Parent/Guardian of minor participants)

Date: __ / __ / ____

X _____
Signature (Adult Participants 18+)

Date: __ / __ / ____