

Registration Form – Children & Youth Activities August 2011 – August 2012



Parent/Guardian Information

Parent/Guardian Name: _____
 Address: _____
 City: _____
 State: _____ ZIP: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Parent E-mail: _____

Photo/Video Release

The undersigned parent/guardian **does not** authorize the release and use of photographs, video images, and the identity of _____

 for use by Walnut Hills United Methodist Church for publicity and public relations purposes.

 Signature of parent/guardian

Child 1 Information

Child 1 Name: _____
 Birthdate: _____
 Grade in School: _____
 Student E-mail: _____
 Select: Sunday School Jr. High Youth
 Creative Kids Sr. High Youth
 56 Club

Child 2 Information

Child 2 Name: _____
 Birthdate: _____
 Grade in School: _____
 Student E-mail: _____
 Select: Sunday School Jr. High Youth
 Creative Kids Sr. High Youth
 56 Club

Child 3 Information

Child 3 Name: _____
 Birthdate: _____
 Grade in School: _____
 Student E-mail: _____
 Select: Sunday School Jr. High Youth
 Creative Kids Sr. High Youth
 56 Club

Child 4 Information

Child 4 Name: _____
 Birthdate: _____
 Grade in School: _____
 Student E-mail: _____
 Select: Sunday School Jr. High Youth
 Creative Kids Sr. High Youth
 56 Club

Waiver – Minor

The undersigned, _____, individually, and on behalf of my minor child(ren), _____, his or her (their) heirs, executors, administrators, do hereby waive, except for damages which they may have against Walnut Hills United Methodist Church, its agents, employees, volunteers, or any other individuals associated with any or all church sponsored activities, on or off premises, August 1, 2011, through August 1, 2012, for any and all injuries which my minor child(ren) may incur which arise out of or which are in anyway related to these activities. I attest and verify that I understand the nature of the activities which my minor child(ren) may be participating in and that I understand the risks involved. I have read this waiver, understand the terms of this waiver, and sign this waiver as my own free act. I further attest and verify that I am a parent or legal guardian for the above-described minor child(ren) and am authorized to sign this document in that capacity.

Signature of Parent/Guardian:

_____ **Date:** _____

Health Care Authorization Form – Minor

September, 2011 – August, 2012

Minor's name: _____

Minor's date of birth: _____

This is to confirm that the undersigned _____, parent and/or legal guardian of _____ (minor's name), identified above, have authorized our said child(ren) to participate in any or all Walnut Hills United Methodist Church-sponsored activities, on or off premises, for a period of time beginning September, 2011 – August, 2012.

This will further confirm that we have authorized the Walnut Hills United Methodist Church staff and adult volunteers to authorize such medical care and treatment for our said child, as they, or any of them, may deem necessary or advisable at any time during participating in church-sponsored activities.

We further authorize the Walnut Hills United Methodist Church staff and adult volunteers, or any of them, to contract with any physician, clinic, hospital or other health care facility to provide medical care and/or treatment for our said child when, in their judgment, it is necessary or advisable.

This will also confirm that medical insurance coverage is provided for our said child. The following information is provided to assist in making a claim against our said insurance coverage, should that become necessary.

Health Insurance Provider (name, address, and phone) _____

Policy # _____ Insured SSN or ID# _____

Minor's Physician _____ Phone # _____

Please identify any allergies or special health concerns/problems

Please explain any learning problems or special needs

Please list medications, dosage, and frequency

| Name of medication | Dosage | Frequency |
|--------------------|--------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of parent/guardian

X _____ Date _____

Print name _____

Address (city, state, zip) _____

Phone # (home) _____ (cell) _____

Emergency contact (friend or relative) _____

Relationship to minor _____ Phone # _____