

SPACE for GRACE: Youth Ministry of Kent UMC

Registration & Consent Form: 2011-2012

YOUTH INFORMATION:

Last Name:	First Name:	Grade & School:
Home Phone:	Mobile Phone: (Text? <input type="checkbox"/> yes <input type="checkbox"/> no)	Date of Birth:
Home Address:		E-mail Address:

PARENT/GUARDIAN INFORMATION:

Name(s):	E-mail: (Is e-mail a good way to contact you? <input type="checkbox"/> yes <input type="checkbox"/> no)
Home Phone:	Mobile/Work Phone: (Text? <input type="checkbox"/> yes <input type="checkbox"/> no)

DRIVERS: Please list drivers who have permission to pick-up your son/daughter.

YOUTH HEALTH INFORMATION: required for attending any activity when the parent/guardian is not present

Medications: list regular medications and proper dosage		Special Needs/Situations: If your son/daughter has any physical, emotional, or medical limitations, please inform us so our leaders can provide appropriate support
Medical Insurance: Company: Group #: Policy Number:	Immunizations: Are the immunizations required for school current? <input type="checkbox"/> yes <input type="checkbox"/> no Date of last tetanus: Blood type (if known):	
Allergies/Sensitivities:	Family Physician: Name: Phone :	

EMERGENCY CONTACT: (someone who does not live with your child)

NAME(s) & Relation:	Phone:
NAME(s) & Relation:	Phone:

Consent for Participation, Transportation, and Emergency Care

The undersigned do (does) hereby give permission for our (my) child,
to attend and participate in activities sponsored by the Kent United Methodist Youth Ministry
between the dates of September 1, 2011 and October 1, 2012.

_____ INITIAL _____ INITIAL

The undersigned do (does) hereby give permission for our (my) child,
to ride in any vehicle designated by the adult in whose care the minor has been entrusted while
attending and participating in activities sponsored by Kent UMC.

_____ INITIAL _____ INITIAL

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that my child may sustain or incur, if any, while attending, practicing, participating or witnessing in any club exercise program, sport or physical activity occurring in or about the club premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Kent UMC, its staff, or volunteers of said program or event, individually or otherwise, harmless for any and all claims for injuries or damages.

I am fully aware and understand that Kent UMC does not have on or about the church premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child's participation in and the use of the Church's facilities, I hereby release and covenant not to sue the Church, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Kent UMC.

Parent/Guardian Name Date

Signature _____

Parent/Guardian Name Date

Signature _____