

Newport Center United Methodist Church:
Youth Registration Form

Youth's Personal Information

Name: _____

Sex: ___ M ___ F Date of Birth: ___/___/___ Grade: _____

Address: _____

City: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ E-mail: _____

Health Information

ALL health information MUST be filled out completely by Parent/Legal Guardian ONLY

Allergies:

Peanuts___ Ibuproferen___ Penicillin___ Hay Fever___
Bee Stings___ Aspirin___ Sulfa___ Other_____

Please list any special health concerns:

List ALL medications your child regularly takes:

Date of Last Tetanus Shot: _____

Medical Release

I(we) the undersigned, parents or legal guardians of _____ hereby agree that: We authorize any person performing services for the Newport Center United Methodist Church Ministries, hereafter know as **NCUMC**, to consent to any medical attention, treatment, medication, surgery or hospital care to be rendered to said minor under the general and special supervision and upon advice of a duly licensed physician. We also affirm that we have medical, health, or accident insurance for our minor child.

We fully and forever absolve and release NCUMC, its members, officers, agents, employees, successors and assigns, of and from any and all responsibility, liability or both, for any and all injuries, damages or both sustained by our minor child while participating in any planned activity of NCUMC or traveling to or from said activity. This release shall not apply to intentional acts or active negligence on the part of any individual performing services for NCUMC in connection with any activity, but shall apply to all other bases of liability.

We will indemnify NCUMC and each of its members, officers, agents, employees, successors and assigns and hold them harmless from all claims, suits, liabilities, and actions of every kind and nature for any and all injuries, damages, or both occurring because of the negligent or intentional acts of our minor child while engaged in the activity or transit to and from said activity.

Signed by Parent/Guardian _____ **Date** _____

Please Print Name(s) _____

(OVER)

Emergency Contact Information

In case of Emergency, you can be reached at:

Day Phone _____ Cell _____ Night _____

Emergency Contact In Case You Cannot Be Reached:

Name _____ Phone: _____

Name of Physician: _____ **Phone:** _____

Insurance Company: _____

Policy/Group #: _____

Name of Primary Insured: _____

Release Information

In accordance with NCUMC's policies, we will not release your child from any church activity until an adult authorized by you (parent/guardian) arrives to pick them up.

In addition to myself/ourselves, we authorize NCUMC to release our child to the following adults:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Are there any individuals who are legally restrained from contact with your child?

_____ NO _____ YES

If yes, please identify _____

General Release

My child has permission to participate in any events sponsored by NCUMC unless revoked.

Signed by Parent/Guardian _____ **Date** _____

Please Print Name(s) _____