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# Registration Form

(One Per Child)

Child's name: \_\_\_\_\_ Child's gender: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

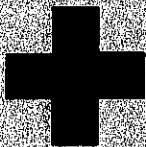
Parent/caregiver's cellphone: (\_\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

Crew number or name (for church use only): \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_



In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Hibben UMC Parental Release Form- Youth and Children**

In consideration for being accepted by Hibben United Methodist Church for participation in all children's and/or youth events we, being the parents or legal guardians of \_\_\_\_\_, do release and agree to hold  
(name of child)

harmless Hibben United Methodist Church and the director thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in church sponsored activities.

We, on behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved.

Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant.

We, as parents/legal guardians of the child-participant, give our permission for him/her to participate fully in the trip/activity. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the minister/trip leader may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

**Please complete the following section in its entirety. Please PRINT.**

Name of child: \_\_\_\_\_

Signature of parent of guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent Cell Phone #: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Child e-mail address: \_\_\_\_\_ Child cell phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

**Please provide a copy of the front and back of the child's healthcare insurance card OR complete the following section:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_