



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: (____) _____

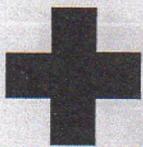
Parent/caregiver's cellphone: (____) _____

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 Consent 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 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 cellphone: _____

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 #: _____

Photo Release Form

Permission from a parent or guardian is must be given to Hibben United Methodist Church to use a minor's picture or video on its website, social media pages, or in other official church printed publications without further consideration. I acknowledge the church has the right to crop or treat the photograph(s) at its discretion. I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date, up to 5 years from the date the photograph was taken. I also understand that once my image is posted on the church's website, the image can be downloaded by any computer user, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, its members and designees from any claims arising out of the use of my photograph(s). The church reserves the right to discontinue use of any photograph(s) without notice.

You may use pictures of my child _____ on website, social media or other official church publications.

You may NOT use pictures of my child _____ on website, social media or other official church publications.

_____ (parent or guardian signature) _____ (Date)

Valid through December 31, 2018