

# **First United Methodist Church Family Registration Form**

406 W Phillip Ave ~ norfolkumc.org ~ 371-2785

## **Children's Information**

1 Name: \_\_\_\_\_ Sex: Male or Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

2 Name: \_\_\_\_\_ Sex: Male or Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

3 Name: \_\_\_\_\_ Sex: Male or Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

4 Name: \_\_\_\_\_ Sex: Male or Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

5 Name: \_\_\_\_\_ Sex: Male or Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

6 Name: \_\_\_\_\_ Sex: Male or Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

Person other than mother or father who is authorized to pick up your child: \_\_\_\_\_

Medical allergies or other health concerns: \_\_\_\_\_

**PERMISSION:** I give First United Methodist Church permission to use photos of all my children in church publications, social media and on the church website.

\_\_\_\_\_

(Parent signature)

\_\_\_\_\_

(Date) (over)

# Release Form

I authorize any adult representative of First United Methodist Church who is acting in a leadership role to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, the event that the above named participant should be admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time as the participant is involved in the Youth activity including travel to and from the event. I take full responsibility for all charges and fees related to treatment.

Understand that the care and safety of each participant will be primary in all planned activity and that all attempts will be made to contact me, as parent or legal guardians if an emergency or accident should happen.

I am aware that my son/daughter will be engaged in physical activities, involving various sports which could result in injury to him or her. My son/daughter is voluntarily participating in these activities and I assume all risk of injury that might result.

Representatives of First United Methodist Church will make NO evaluation or recommendation whether your son/daughter is physically fit for any physical activities. If your son/daughter has any physical condition that may impair his/her ability to participate in physical activity, it is the parent's responsibility to inform the church leaders.

Parent hereby agree to waive any claims or right that I might otherwise have to sue First United Methodist Church, Norfolk, NE, its employees, officers, or agents for injuries that might occur as a result of any activity. I will not hold First United Methodist Church liable for any personal injuries that are lost or stolen on the church premises or while at events.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
Date

