



**Combined Permission Family Registration Form, Two Pages
2017-2018**

Release, Waiver of Liability, and Indemnity Agreement;
and Emergency Medical/Contact Information
for ALL Children and Youth Activities

**PLEASE REGISTER ALL CHILDREN
THROUGH SENIOR HIGH ON THIS FORM!**

Family/Last Name: _____ Home Phone: _____

Family Address: _____ City _____ Zip _____

Parent #1 Contact Information: Parent #2 Contact Information:
Name: _____ Name: _____
Cell #: _____ OK to Text? Y N Cell #: _____ OK to Text? Y N
Other #: _____ Other #: _____

E-mail to send the Friday *Sunday School Newsletter* to: _____

Local Emergency Contact Information: In the event of an emergency, if neither parent can be reached, please provide the name of another individual that we can contact:

Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Other #: _____

Child #1: Name: _____ dob: _____ age: _____ Grade _____

Youth email _____ Youth cell phone _____ OK to Text? Y N

Allergies? _____

Medications/Other Health Information: _____

Other special requests/concerns/useful information: _____

Child #2: Name: _____ dob: _____ age: _____ Grade _____

Youth email _____ Youth cell phone _____ OK to Text? Y N

Allergies? _____

Medications/Other Health Information: _____

Other special requests/concerns/useful information: _____

Child #3: Name: _____ dob: _____ age: _____ Grade _____

Youth email _____ Youth cell phone _____ OK to Text? Y N

Allergies? _____

Medications/Other Health Information: _____

Other special requests/concerns/useful information: _____

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult. **(Yes) (No)**

Parent/Custodial Adult

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of the above mentioned children, I/we give permission for Central United Methodist Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. In the event authorized persons cannot be reached prior to obtaining such care, I/we agree to be financially responsible for such care.

Parent/Custodial Adult

Medical Insurance Company: _____
Policy/Group Number: _____
Participant I.D. Number: _____
Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Central United Methodist Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Central UMC, I/we release Central United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Central UMC; and I/we agree to indemnify and hold forever harmless the Central United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Central UMC or resulting from traveling to or from the activities of Central UMC, including loss or injury resulting from negligence or gross negligence.

Parent/Custodial Adult

Photo Permission

I/we understand that my child(ren) **may** be photographed while participating in the activities of Central United Methodist Church. I/we **do give permission** for a recognizable image of my child to be posted on the CUMC website, social media and bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted. Please do not sign if you do not give permission.

Parent/Custodial Adult

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.