



**Combined Permission; Sunday School Registration Form;
Release, Waiver of Liability, and Indemnity Agreement;
and Emergency Medical/Contact Information
for ALL Children & Youth through 12th grade**

2023-2024

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**

Email: _____

Preferred method of communication:

☐

email

☐

phone

☐

text

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/Youth #1: **Name:** _____ **Preferred Name:** _____ **Pronouns:** _____

dob: _____ **age:** _____ **Grade** _____ **Allergies?** _____

Medications/Other Health Concerns: _____

Other special requests/concerns/useful information: _____

Child/Youth #2: **Name:** _____ **Preferred Name:** _____ **Pronouns:** _____

dob: _____ **age:** _____ **Grade** _____ **Allergies?** _____

Medications/Other Health Concerns: _____

Other special requests/concerns/useful information: _____

Child/Youth #3: **Name:** _____ **Preferred Name:** _____ **Pronouns:** _____

dob: _____ **age:** _____ **Grade** _____ **Allergies?** _____

Medications/Other Health Concerns: _____

Other special requests/concerns/useful information: _____

Child/Youth #4: **Name:** _____ **Preferred Name:** _____ **Pronouns:** _____

dob: _____ **age:** _____ **Grade** _____ **Allergies?** _____

Medications/Other Health Concerns: _____

Other special requests/concerns/useful information: _____

Permission to Travel in Vehicle

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by 2 adults. **(Yes) (No)**

Parent/Custodial Adult

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

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

Parent/Custodial Adult

Photo/Video/Social Media Permission

I/we understand that my child(ren) may be photographed while participating in the activities of Central United Methodist Church. I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on the CUMC website, Facebook page or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted without explicit permission.

Parent/Custodial Adult

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.