

Tri-Lakes United Methodist Church – Monument,  
CO Year-Long Registration & Medical Release Form  
June 2019 - July 2020



**Child/Student Information (Required Infants – 12<sup>th</sup> Grade):**

Child/Student Full Name(s)	DOB	Age	Current Grade	Gender	Allergies/Special Needs?
1					
2					
3					
4					

**Child's Skills/Interests:**

*Please check all that apply.*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Acolyte            | <input type="checkbox"/> Liturgist           | <input type="checkbox"/> Greeter          | <input type="checkbox"/> Communion Server                    |
| <input type="checkbox"/> Usher              | <input type="checkbox"/> Special Music _____ | <input type="checkbox"/> Children's Choir | <input type="checkbox"/> VBS Helper (6 <sup>th</sup> Grade+) |
| <input type="checkbox"/> Sunday Worship A/V |  |   |  |

**Parent/Guardian Contact Information (Required Infants – 12<sup>th</sup> Grade):**

Parent/Guardian Name(s)	Phone Numbers	Mailing Address	Location on Sunday Mornings
	H - C -	Street City State Zip	
	H - C -	Street City State Zip	
<b>Email Address(es)*</b>	1. 2.		

\* By providing email address(es) above you will "opt-in" to distribution lists relevant to your child/children. You may unsubscribe at any time.

**Parent Skills/Interests:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Food Prep/Cleanup        | <input type="checkbox"/> Event Setup/Teardown | <input type="checkbox"/> Fundraising             | <input type="checkbox"/> Work Projects             |
| <input type="checkbox"/> Art/Crafts/Decorating    | <input type="checkbox"/> Music                | <input type="checkbox"/> Children's Choir - Help | <input type="checkbox"/> Acolyte Co-Coordinator    |
| <input type="checkbox"/> Children's Sunday School | <input type="checkbox"/> Youth Sunday School  | <input type="checkbox"/> Youth Group             | <input type="checkbox"/> Youth Retreats            |
| <input type="checkbox"/> A/V & Technology         | <input type="checkbox"/> VBS Help             | <input type="checkbox"/> Youth Mission Trips     | <input type="checkbox"/> Children & Family Council |
| <input type="checkbox"/> Youth Council            | <input type="checkbox"/> Driving              | <input type="checkbox"/> Youth Meals             | <input type="checkbox"/> Roots                     |

**Emergency Contact Information (Required Infants – 12<sup>th</sup> Grade):**

Emergency Contact Name(s)	Phone Numbers	Relationship to Child/Children
	H - C -	
	H - C -	

**Medical Release (Required Infants – 12<sup>th</sup> Grade):**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Tri-Lakes United Methodist Church, (hereafter TLUMC), every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. I also authorize TLUMC Staff to administer any prescribed medications necessary for my child’s health/safety during any on-site or off-site events. In the event that an accident occurs and/or any medication is administered, I understand that I will be required to sign an incident report.

I, on behalf of my child/children and myself, hereby release and hold harmless TLUMC and its constituents for any injury, illness, death or other accident that may occur during church sponsored activities. I also consent to my child/student being driven by adult volunteers over the age of 21 with proper background checks & driver history information on file with the church office.

I understand that TLUMC does not carry medical insurance on people participating in their activities. I agree to provide my insurance information at the time of service for any medical expenses and I am aware that I may be billed by the medical provider for any expenses not covered by my insurance. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills. I understand that it is my responsibility to communicate any changes to this information.

X \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_  
Signature (Parent or Guardian of minor participants)

**Media Release Opt-Out (Optional):**

Full image use policy available at [tlumc.org/forms](http://tlumc.org/forms)

X \_\_\_\_\_ By initialing here I specify that I would NOT like photographs or video footage of my child/student on the website or in other church publications.

**Medical Information (Required 5<sup>th</sup> – 12<sup>th</sup> Grade):**

Insurance Co. \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone

Address: \_\_\_\_\_  
Street City State Zip

Policy #: \_\_\_\_\_ Policy Holder’s Identification # \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Last First Phone

Doctor’s Address : \_\_\_\_\_  
Street City State Zip

Child/Student Name	Date of Last Tetanus Shot	Medication(s) she/he can not take
1		
2		
3		
4		

**Year-Long Authorization (Required 5<sup>th</sup> – 12<sup>th</sup> Grade):**

Parents/Guardians, please note that **YOU** will need to be responsible for informing the supervising staff member of any changes to the medical or emergency contact information throughout the year.

In signing the below year-long authorization I understand that I am giving my **permission** as parent/guardian for my child/student to participate in all church-sponsored events both on and off site for the entire year **June 2019 – July 2020**. I am also confirming the accuracy of all information I have provided. If any accident should occur due to medical or personal conditions not listed, I recognize that this is my responsibility and will not hold TLUMC or their constituents liable.

X \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_  
Signature (Parent/Guardian of minor participants)

X \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_  
Signature (Adult Participants 18+)