

Tri-Lakes United Methodist Church – Monument, CO  
 Year-Long Registration & Medical Release Form  
 July 2023 - August 2024



**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 **July 2023 – August 2024**. 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+)

**Covid-19 Release (Required Infants – 12<sup>th</sup> Grade):**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. We are doing everything we can to be compliant with all regulations and to ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of our Church, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Tri-Lakes United Methodist Church, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any church hosted or programmed event. By providing a signature below I agree to the conditions of this release form.

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

Date: \_\_/\_\_/\_\_\_\_