

**Tri-Lakes United Methodist Church – Monument, CO
Youth Year-Long Registration & Medical Release Form**



Student Information:

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

Parent/Guardian Contact Information:

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

* By providing email address(es) above you will “opt-in” to distribution lists relevant to your child/children.

Emergency Contact Information:

Emergency Contact Name	Phone Numbers	Mailing Address
	H - C -	Street City State Zip

Medical Release:

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 license, insurance, 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.

Signature:

X _____
Signature (Parent or Guardian of minor participants)

Date: __/__/____

Media Release Opt-Out (Optional):

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:

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) he/she can not take
1		
2		
3		
4		

Year-Long Authorization:

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 church sponsored events both on and off site for the entire year **January 2017 – December 2017**. 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, their constituents liable.

Signature:

X _____
Signature (Parent/Guardian of minor participants)

Date: __/__/____

X _____
Signature (Adult Participants 18+)

Date: __/__/____