

Tri-Lakes United Methodist Church – Monument, CO

Year-Long Registration & Medical Release Form



August 2017 - August 2018

Child/Student Information (Required Birth-12th Grade):

Child/Student Full Name(s)	DOB	Age	Current Grade	Gender	Allergies Special Needs?	Child's Skills & Interests *
Ex: John Wesley	6/3/1703	314	5th	M	Peanuts	1, 2, 3, 4, 6
1						
2						
3						
4						

- * 1. Acolyte (3rd - 6th grade) 3. Liturgist 5. Sunday Worship A/V (9th grade +) 7. Welcome Desk (7th grade +) 9. Special Music _____
 2. Usher 4. Greeter 6. Communion Server (7th grade +) 8. Children's Choir 10. VBS Helper (6th Grade+)

Parent/Guardian Contact Information (Required Birth-12th 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	
Email Address(es)*	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 Birth-12th Grade):

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

Medical Release (Required Birth-12th 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.

Signature (Required Birth-12th Grade):

X _____ Date: __/__/____
Signature (Parent or Guardian of minor participants)

Media Release Opt-Out (Optional):

Full image use policy available at 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 5th - 12th 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) he/she can not take
1		
2		
3		
4		

Year-Long Authorization (Required 5th - 12th 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 **August 2017 – August 2018**. 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.

Signature (Required 5th - 12th Grade):

X _____ Date: __/__/____
Signature (Parent/Guardian of minor participants)

X _____ Date: __/__/____
Signature (Adult Participants 18+)