Tri-Lakes United Methodist Church – Monument, CO

Year-Long Registration & Medical Release Form

July 2021 - August 2022

**Child/Student Information (Required Infants – 12th 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Acolyte☐ Usher☐ Sunday Worship A/V | ☐ Liturgist☐ Special Music \_\_\_\_\_\_\_\_\_\_\_ | ☐ Greeter☐ Children’s Choir | ☐ Communion Server ☐ VBS Helper (6th Grade+) |

**Parent/Guardian Contact Information (Required Infants – 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:**

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

**Emergency Contact Information (Required Infants – 12th Grade):**

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

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**Medical Release (Required Infants – 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.

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) she/he 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 **July 2021 – August 2022**. 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+)

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**Covid-19 Release (Required Infants – 12th 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Signature (Parent or Guardian of minor participants)

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