

# Jr. Youth

## 2019-2020 Jr. Youth Registration

*one registration form per family*

### Youth Information

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Gender:** M / F **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Gender:** M / F **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Gender:** M / F **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Parent/Guardian Information

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Place of Business:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Place of Business:** \_\_\_\_\_

### In Case of Emergency (*other than either parent/guardian*)

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

# 2019-2020 Jr. Youth Registration

## Parental Consent

The undersigned does hereby give permission for my child(ren) \_\_\_\_\_ to attend and participate in any Central United Methodist Church "CUMC" Jr. Youth activities, (including but not limited to worship, events, retreats, lock-ins, trips and mission activities) of September 1, 2019 - September 1, 2020.

## Medical Treatment Permission

Initial \_\_\_\_\_

I authorize an adult, in who care the minor(s) has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor(s) under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) or youth pursuant(s) to this authorization.

## Liability Release

Initial \_\_\_\_\_

In consideration of Central Youth allowing participant to participate in Jr. Youth Fellowship (including but not limited to worship, events, retreats, lock-ins, trips and mission activities), I, the undersigned, do hereby release, forever discharge and agree to hold harmless "CUMC", its pastors, directors, employees, volunteers and teachers (Collectively herein the church from any and all liability, claims, or demands for personal injury, sickness or death, as well as property loss, damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved (including transportation to and from) youth activities. I, the parent or legal guardian of this/these participant(s) hereby grant my permission for the participant(s) to participate fully in youth activities, including trips away from church premises. Furthermore, I, on behalf on my minor participant(s), hereby assume all risk or personal injury, sickness, death, personal or property damage/loss and expense as a result of participation in recreation and activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify "CUMC" for any liability sustained by Church as the result of the negligent, willful or intentional acts of said participant(s), including expenses incurred.

## Central Photo Release

Initial \_\_\_\_\_

I agree that Central United Methodist Church "CUMC" may photograph and record my child(rens) likeness(es) and (image(s) during church and/or Jr. youth fellowship related activities. I grant the following rights to "CUMC": permission to use and re-use, publish and republish, to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other electronic images that may portray and/or relate to my child's(ren's) image(s), likeness(es) and/or voice(es), for any lawful purpose without compensation. This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

Youth's Name(s) (print): \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_