

CENTRAL YOUTH

Youth Ministry of Central United Methodist Church - Monroe, NC

2022-2023 Central 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:** _____

2022-2023 Central Youth Registration

Medical Information

Primary Care Physician: _____

Name of Practice: _____

Phone: _____ Fax: _____

Date of last tetanus shot (required): _____

Insurance Information *(copy of insurance card required)*

Policy Holder: _____ Member ID#: _____

Insurance Company: _____

Medical Conditions *(This information will be confidentially kept and is important for me to know as many details as possible. Indicate child's name for each condition if registering multiple youth)*

1) List all known medical conditions: (asthma, diabetes, ADD, epilepsy, etc.): _____

2) List any allergies (drugs/medicines, food and/or environmental), the severity and type of reaction.

3) Explain any other pertinent information about the participant (ie: physical limitations or behavioral and/or emotional needs) that would be important for us to know.

Medications *(indicate child's name for each medication if registering multiple youth – use back if needed)*

**** List all medications the youth will take during any youth ministry trips, retreats, or events.**

This includes prescriptions, non-prescription medication, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication.

Youth: _____ Medicine: _____ Dose: _____

Youth: _____ Medicine: _____ Dose: _____

Youth: _____ Medicine: _____ Dose: _____

2022-2023 Central 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" Youth activities, (including but not limited to worship, events, retreats, lock-ins, trips and mission activities) of June 1, 2022 - June 1, 2023..

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 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 of 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 the Church as the result of the negligent, willful or intentional acts of said participant(s), including expenses incurred.

Luggage and Personal Belongings

Initial _____

I acknowledge that neither I nor my child(ren) have any expectations of privacy with respect to luggage, bags, pockets, coats or any other personal items (including but not limited to cell phones, cameras, date messaging/gathering devices, laptops, computers and/or personal effects including toiletries) brought to any youth events or activities. I certify that I am responsible for the contents of my child's luggage, and it will not contain any illegal or prohibited substance or items. I hereby give my consent to the search of my child's(ren)s luggage and/or other possessions at the sole discretion of the Central UMC youth staff. I understand and agree that the youth ministry's role in caring for our youth, staff, volunteers and other third parties trumps any notion of privacy or confidentiality with respect to these belongings. Finally, I understand that my child's(ren's) prevention of, or interference with, the inspection of his/her personal belongings will result in his/her early return home as described above.

Central Youth Photo Release

Initial _____

I agree that Central United Methodist Church "CUMC" may photograph and record my child(ren)s likeness(es) and (image(s) during church and/or 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: _____