

Asbury United Methodist Church—Greeneville, TN

Children’s Ministry Registration & Medical & Liability Release Form

CHILD’S NAME _____ DOB _____ AGE _____ Grade _____
School _____
PARENT’S NAME _____ EMAIL _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
WORK PHONE _____

EMERGENCY CONTACT IF PARENT CAN NOT BE REACHED

NAME _____ RELATIONSHIP _____ PHONE _____

MEDICAL INFORMATION/RELEASE

MEDICATIONS _____
ALLERGIES _____
ANY SPECIAL NEEDS _____
DOCTOR _____ PHONE NUMBER _____
INSURANCE COMPANY _____ Insurance Phone # _____
INSURED NAME/NUMBER _____

Release Agreement for Asbury United Methodist Church

I, _____, the parent/guardian of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by Asbury United Methodist Church. Permission is also granted for transporting my child to Asbury United Methodist Church for any church function. I understand that my signature carries with it the following:

I understand that all precautions will be taken for my child’s safety. Authorization of any adult leaders to obtain necessary medical attention and/or treatment for my son/daughter. Should my child require medical care, I understand I am responsible for paying for it unless it arises because of an event or action covered by the church’s liability insurance coverage. I knowingly release, absolve, and hold harmless Asbury United Methodist Church from all claims that might result from the minor's injury not covered by the church’s Liability insurance coverage. I will not hold Asbury United Methodist Church financially responsible for any medical treatment my child receives under their care. This agreement pertains to all programs and activities, including those where transportation is provided. I also permit the staff of Asbury UMC to give my child Ibuprofen, Tylenol, or Benadryl if needed. My permission is hereby given for a complete media release in any Asbury United Methodist Church activities.

PHOTO/VIDEO Release:

- I grant permission to use my child’s image in print, video, and/or digital media. Asbury United Methodist Church, Greeneville, TN, may use my child's image without additional notification.
I deny permission to use my child’s image for display or publication by Asbury United Methodist Church, Greeneville, TN.

I have read the attached Rules and the above Covenant and agree to follow and support them at Asbury Children’s Ministry Functions.

Signature of Parent/Guardian _____ Date _____

Effective for calendar year: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20 _____.

Notary Public My Commission Expires: _____