



Child/Youth Activity Registration & Agreement

- Nursery
 1st Steps
 IGNITE
 UMYF

Participant Information:

Name: _____

Date of Birth: _____

Gender: _____

Cell Phone: _____

Email: _____

Church: (if not 1st UMC) _____

Parent/Guardian Information

Name: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Street Address: _____

Person(s) authorized to pick-up/check-out child/youth

 (For infant or small children) does the responsible adult have permission to change participant's diaper/assist with toileting needs? Yes Call Me N/A

MEDICAL INFORMATION

If snacks are offered during the activity, may participant partake? Yes No

Does the participant require a special diet? Yes No

If yes, please explain the dietary restrictions.

Does the participant have any allergies? Yes No

If yes, please list the allergies.

Is the participant taking any medication or over-the-counter (OTC) drugs? Yes No

If yes, can the participant self-administer his or her medication? Yes No

If no, please contact the event or activity leader directly.

List all prescription or over-the-counter (OTC) medications the participant is taking.

Does the participant have a chronic or recurring illness? Yes No

If yes, please explain.

Has the participant had surgery or a serious illness in the past year? Yes No

If yes, please explain.

Identify (below) any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed).

I grant the above participant permission to participate the above noted activity, which is conducted within the Safe Sanctuaries Policy of the First United Methodist Church of Madisonville. The undersigned parent/guardian agrees to indemnify and hold harmless First United Methodist Church of Madisonville and the Holston Conference of the United Methodist Church or any of its Advisors from any claim for damages or injuries resulting to my child, unless said injuries were proven to be the result of the negligence of the First United Methodist Church of Madisonville, the Holston Conference of the United Methodist Church or its Advisors or agents. Furthermore, I agree to allow my child to receive medical treatment that might result from emergent illness or injuries received, providing such treatment is advised by a licensed physician. I accept full responsibility for all cost of such emergency treatment. I authorize the adult leader(s) of the activity to act in my stead in approving necessary medical care should I be unavailable. This authorization shall cover the time between arrival and dismissal for the activity.

The participant is responsible for his or her own conduct (appropriate to age) and where age-appropriate, is aware of and agrees to abide by rules, and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify age-appropriate Christ-like behavior. Parents, guardians, and participants should understand that participation in an activity is not a right but a privilege that can be revoked if the participant behaves inappropriately or if he/she poses a risk to her/himself or others.

Parent/Guardian's Signature, Date

Parent/Guardian's Written Name