

## SHORES United Methodist Church Children / Youth Registration, Parental Consent & Medical Authorization Form

Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mother Work/Cell (\_\_\_\_) \_\_\_\_\_ Father Work/Cell (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_ Grade in/Just completed \_\_\_\_\_

Emergency Contact Name(s) & Numbers \_\_\_\_\_

Special Needs: Allergies or Physical/Medical Needs: \_\_\_\_\_

Additional people PERMITTED to pick up my child (relation / phone #) \_\_\_\_\_

Who is PROHIBITED from picking up my child \_\_\_\_\_

**DURING THE SCHOOL YEAR:**

- Children Exploring L.I.F.E. Pre 4, K-5th Grade; Wed 6:00-7:30 pm
- Children's Reader's Theatre 3rd -5th Grade; Wed 5:30- 6 PM
- S.W.A.G. Youth Group 6-12th Grade; Wed 6:00-7:30 pm

Other \_\_\_\_\_

**SUMMER:**

- Vacation Bible School  
"Follow the Light" July 17-21, 2017, 8:45-12:15

### PARENTAL CONSENT AND MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD Shores United Methodist Church

As the parent (or legal guardian) of: \_\_\_\_\_ (Child/Youth Name)  
I understand that my child/youth will be participating in a number of activities for the year \_\_\_\_\_, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

\_\_\_\_\_ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I represent that my child/youth has restrictions on the following particular activities: \_\_\_\_\_

\_\_\_\_\_ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

**MEDICAL TREATMENT AUTHORIZATION**

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. If the Church cannot reach me, then I authorize and I give my consent to the doctor or health-care professional, to provide the medical services he or she may deem necessary.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal, Date and Signature, County \_\_\_\_\_

My Commission Expires: \_\_\_\_\_