



FIRST UNITED METHODIST CHURCH

"Living Christ's Presence through Love and Service"

321 Oak Street • DeKalb, IL 60115

Phone: (815) 756-6301 • Fax: (815) 748-4227

Email: office@firstumc.net • Website: www.firstumc.net

**Youth and Young Adult Ministry
Registration / Medical Release Form**

ACTIVITY NAME / LOCATION :	ACTIVITY DATE(S):
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PARTICIPANT'S PERSONAL INFORMATION

NAME OF PARTICIPANT <i>(First, Middle, Last):</i>		BIRTH DATE <i>(MM/DD/YYYY):</i>	
HOME ADDRESS:		CITY, STATE, ZIP CODE:	
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE AT START OF ACTIVITY:	GRADE AS OF SEPTEMBER 1:	SCHOOL ATTENDING AS OF SEPTEMBER 1:

EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN NAME:		WORK PHONE NUMBER:	CELL PHONE NUMBER:
EMAIL ADDRESS:			
PARENT/GUARDIAN NAME:		WORK PHONE NUMBER:	CELL PHONE NUMBER:
EMAIL ADDRESS:			
IF PARENT/GUARDIAN CANNOT BE REACHED, CALL:	HOME PHONE NUMBER:	CELL/WORK PHONE NUMBER:	

MEDICAL INFORMATION FOR PARTICIPANT

ANY CURRENT MEDICAL CONDITIONS OR PROBLEMS?		
ANY ALLERGIES?		
IS PARTICIPANT TAKING ANY PRESCRIBED MEDICATIONS? IF SO, DESCRIBE:		
PAST MEDICAL HISTORY/INJURIES WE SHOULD BE AWARE OF:		
DATE OF LAST TETANUS SHOT:	NAME OF PHYSICIAN:	PHYSICIAN'S PHONE NUMBER:

HEALTH/MEDICAL INSURANCE INFORMATION FOR PARTICIPANT *(A copy of insurance card may be requested.)*

GROUP OR FAMILY HOSPITALIZATION INSURANCE COMPANY:	INSURANCE COMPANY'S ADDRESS:
AGENT'S NAME	PHONE NUMBER:
GROUP NUMBER:	POLICY NUMBER

NAME OF PARTICIPANT:	ACTIVITY NAME / LOCATION :	ACTIVITY DATE(S):
RELEASE AND INDEMNIFICATION AGREEMENT		
<p>A. As the participant named above, I hereby register for and commit to attend the above named activity. I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.</p> <p>B. As a parent or guardian of the participant named above, I give my permission for my child or ward to register for and attend the above named activity. I further give permission to the activity's adult leader to seek emergency medical treatment for the participant in my absence.</p> <p>C. The undersigned releases from all liability and indemnity and hold harmless First United Methodist Church of DeKalb, the Northern Illinois Conference of the United Methodist Church, and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or travelling to or from this activity.</p>		
CODE OF BEHAVIOR		
<ol style="list-style-type: none"> 1. Participant must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian. 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted. 3. Foul language is not tolerated. 4. Participants must heed any and all directions of activity staff. 5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians. 6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians to transport offending participants from the premises and the parents/legal guardians shall immediately comply with the request. 		
CONSENT TO PHOTOGRAPH AND MEDIA RELEASE		
<p>I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at First United Methodist Church of DeKalb (FUMC) or at a function by FUMC. I hereby grant permission to FUMC to use my child's photograph or likeness in any publicity or promotional publications, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.</p>		
SIGNATURES		
<p><i>BY INDICATING WITH AN 'X' OR '✓' IN THE BOX I HEREBY STATE THAT I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT.</i></p>		
<p>PARTICIPANT: <input type="checkbox"/> Release and Indemnification Agreement (A & C) <input type="checkbox"/> Code of Behavior</p> <p>SIGNATURE: _____ Date: _____</p>		
<p>PARENT/ GUARDIAN: <input type="checkbox"/> Release and Indemnification Agreement (B & C) <input type="checkbox"/> Code of Behavior <input type="checkbox"/> Consent to Photograph and Media Release</p> <p>SIGNATURE: _____ Date: _____</p>		



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