



Grace UMC Youth Registration and Medical release Form

This release is valid from the date of the signature to September 3, 2020

Participant's Information

Name: _____ Birth Date: _____ Grade: _____ Gender: _____
 Mailing address & zip code: _____
 Home Phone Number: _____ Youth Cell Phone: _____ T-Shirt Size _____
 Youth Email Address: _____
 Youth Instagram: _____

Parent's and/or Caretaker's Information:

Father's Name: _____	Mother's Name: _____	
Work Number: _____	Work Number: _____	
Father's Cell Number: _____	Mother's Cell Number: _____	
Father's Email Address: _____		
Mother's Email Address: _____		
Emergency Contact: _____		
<small>Name</small>	<small>Best Phone Number</small>	<small>Relationship</small>
Family Doctor: _____	Office Phone: _____	
Family Dentist: _____	Office Phone: _____	

Medical Insurance Information: (Please write down any information that is available. Name of Insured, Group, Policy, Insurance Contact Info, etc...)

Special Health Concerns: _____
 Medications: _____
 Allergies: _____

This consent form gives permission for a staff member or youth volunteer to seek whatever emergency medical attention is deemed necessary for my child. In the event that he/she requires the immediate attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date, and will, to the best of my/our knowledge, still be in force for the student named above.

Parent or Guardian Signature: _____ Date: _____

I do do not give the church permission to publish photos of my child on the website, in newsletters, and/or on social media.

