

**Bear Creek United Methodist Church**  
**KidZone Registration**  
**June 2017-June 2018**

Office Use
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**Family Information**  
Parent/Guardian

Parents/Guardian's Last Name \_\_\_\_\_ Parents/Guardian's First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Mom's Cell Dad's Cell  
Mom's Work Phone Dad's Work Phone

Email: \_\_\_\_\_

**Children:**

(1) _____ (Last Name, First name)	_____ (Birth date)	_____ (Grade by 9/2017)	_____ (Allergies / Special Needs)
(2) _____ (Last Name, First name)	_____ (Birth date)	_____ (Grade by 9/2017)	_____ (Allergies / Special Needs)
(3) _____ (Last Name, First name)	_____ (Birth date)	_____ (Grade by 9/2017)	_____ (Allergies / Special Needs)
(4) _____ (Last Name, First name)	_____ (Birth date)	_____ (Grade by 9/2017)	_____ (Allergies / Special Needs)

**Emergency Information:**

\_\_\_\_\_  
(Doctor's Name & Phone)

**Emergency Contact (Other than parents):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Release Authorization:**

If a parent is **not able** to pick up their child, please designate who may pick up your child in your absence.  
I give my permission for my children to be picked up from KidZone Programs by the following person(s):

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

Sunday School     Summer Programs     Other \_\_\_\_\_

**Please fill out other side**



**CONSENT TO TREAT:**

By signing below, I hereby give my permission to the physician selected by the BCUMC trip coordinator or adult in charge to order X-rays, routine tests and provide treatment for the health of myself, my spouse, and/or my child, hospitalize, secure proper treatment for and to order injection(s) and/or anesthesia and/or surgery for myself, my spouse, and/or my child as named above in the event that the emergency contact cannot be reached.

**TRANSPORTATION RELEASE:** By signing below, I authorize transportation for myself, my spouse, and/or my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of myself, my spouse, and/or my child.

**HOLD HARMLESS AGREEMENT:** By signing below, I, knowing that Bear Creek United Methodist Church has general liability coverage, but that no accident policy is being carried out for this program, do assume all risks and hazards incidental to the conduct of its activities; and do further indemnify and hold harmless the Bear Creek United Methodist Church, the organizers, sponsors, volunteers, drivers and workers associated church sponsored events and activities. In case of injury to myself, my spouse, and/or my child, I hereby waive all claims against Bear Creek United Methodist Church, the organizers, sponsors, volunteers, drivers and workers associated with church sponsored events and activities.

**I have read and agree to the above.**

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**Adult/ Parent / Guardian Signature** **Date**

**Please initial the box below if you agree with photo release**

**PHOTOGRAPH RELEASE:** I hereby grant permission for photographs, video and audio recordings of myself, my spouse, and/or my child while he or she participates in the activities associated with BCUMC, and I agree that BCUMC shall own all rights, copyrights, and derivative works. I give my irrevocable and perpetual consent to BCUMC to use, distribute and publish the photographs, videos and audio recordings of myself, my spouse, and/or my child for internal and promotional purposes, including posting at the church, broadcasting as audio programs, displaying as slide show or video presentations, inclusion in printed materials, and inclusion in online publication, presentations, and social media sites, such as, Facebook, Twitter, and YouTube.

**Please fill out other side**

**For Office Use Only**

- Verify all Information in Shelby \_\_\_\_\_
- Update Organization Grade \_\_\_\_\_
- Profile Allergies and Memo \_\_\_\_\_
- Nursery Copy \_\_\_\_\_
- Teacher's Copy \_\_\_\_\_

