

**Bear Creek United Methodist Church
Children's Ministry - Child Registration
June 2018 - June 2019**

Office Use Only

**Family Information
Parent/Guardian**

Parents'/Guardians' Last Name _____ Parents'/Guardians' 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) _____ (DOB) _____ (Grade by 9/2018) _____ (Allergies / Special Needs) _____

(2) _____ (Last Name, First name) _____ (DOB) _____ (Grade by 9/2018) _____ (Allergies / Special Needs) _____

(3) _____ (Last Name, First name) _____ (DOB) _____ (Grade by 9/2018) _____ (Allergies / Special Needs) _____

(4) _____ (Last Name, First name) _____ (DOB) _____ (Grade by 9/2018) _____ (Allergies / Special Needs) _____

Emergency Information:

(Doctor's Name & Phone)

Emergency Contact (Other than parents):

Name _____ **Phone** _____

Release Authorization:

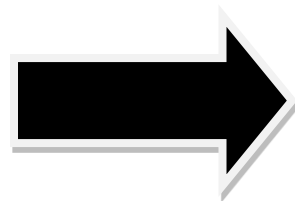
If a parent is **not able** to pick up their child, please designate who may pick up your child in your absence. I give my permission for my child(ren) to be picked up from Children's Ministry Programs by the following person(s):

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

Sunday School MOPS Preschool Events Nursery VBS 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 my child, in the event of a medical emergency. BCUMC may hospitalize, secure proper treatment, order injection(s) and/or anesthesia, and/or surgery for my child as named above in the event that the parents and emergency contact cannot be reached.

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

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

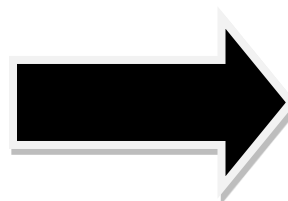
PHOTOGRAPH RELEASE: By signing below, I grant permission for photographs, video, and audio recordings of my child while he or she participates in the activities associated with BCUMC, and I agree that BCUMC shall own all rights, copyrights, and derivative works. I give my irrevocable and perpetual consent to BCUMC to use, distribute and publish the photographs, videos, and audio recordings of 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.

I have read and agree to the above statements.

Parent / Guardian Signature

Date

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 _____