

**Bear Creek United Methodist Church  
Children's Ministry - Child Registration  
June 2019 - August 2020**

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 9/2019) (Allergies / Special Needs)

(2) \_\_\_\_\_  
(Last Name, First name) (DOB) (Grade by 9/2019) (Allergies / Special Needs)

(3) \_\_\_\_\_  
(Last Name, First name) (DOB) (Grade by 9/2019) (Allergies / Special Needs)

(4) \_\_\_\_\_  
(Last Name, First name) (DOB) (Grade by 9/2019) (Allergies / Special Needs)

**Emergency Information:**

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

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

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

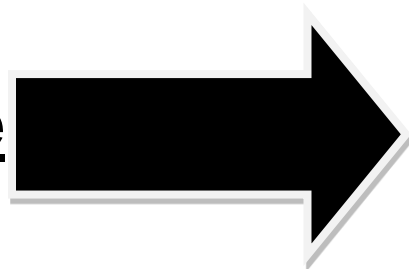
**Release Authorization:**

If a parent is **not able** to pick up their child(ren), please designate who may pick up your child(ren) 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

**Please fill out other side**



**CONSENT TO TREAT:**

By signing below, I hereby give my permission to the physician selected by the Bear Creek United Methodist Church 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. Bear Creek United Methodist Church may hospitalize, secure proper treatment, order injection(s) and/or anesthesia, and/or surgery for my child as named in this document 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(ren).

**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(ren), **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.

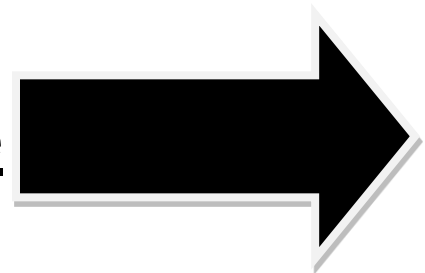
**PHOTOGRAPH RELEASE:** By signing below, I grant permission for photographs, video, and audio recordings of my child(ren) while he or she participates in the activities associated with Bear Creek United Methodist Church, and I agree that Bear Creek United Methodist Church shall own all rights, copyrights, and derivative works. I give my irrevocable and perpetual consent to Bear Creek United Methodist Church 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 \_\_\_\_\_

BC Babies Copy \_\_\_\_\_

BC Kids Copy \_\_\_\_\_