



LONGS PEAK UNITED METHODIST CHURCH – LONGMONT, COLORADO
 2019-2020 Registration/Medical and Media Release/Permission Form



Child/Student Information:

Child/Student Full Name(s)	DOB (opt.)	Age	Current Grade	Name of School	Allergies? Special Needs? (attach another sheet if needed)
1.					
2.					
3.					
4.					

Parent/Guardian Contact Information:

Parent/Guardian Name(s)	Phone Numbers	Mailing Address (including city/state/ZIP)	Sunday Morning plans (mark all that apply)
1.	H – C –		<input type="checkbox"/> 9:00 worship <input type="checkbox"/> 10:30 worship <input type="checkbox"/> Adult class <input type="checkbox"/> Nursery volunteer
2.	H – C –		<input type="checkbox"/> 9:00 worship <input type="checkbox"/> 10:30 worship <input type="checkbox"/> Adult class <input type="checkbox"/> Nursery volunteer
Email Address(es)*	1. 2.		

* By providing email address(es) you will “opt-in” to distribution lists relevant to your child/children.

Emergency Contact Information:

Emergency Contact Name (besides anyone listed above)	Phone Number(s)	I understand that it is my responsibility to inform the supervising staff member of any changes to the emergency contact or medical information throughout the year. INITIALS: _____
	H – C –	

Medical Release:

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Longs Peak United Methodist Church, (hereafter LPUMC), I understand that every reasonable effort will be made to contact the persons listed above. Furthermore, if unsuccessful in contacting the persons listed, I give consent/permission for treatment by competent medical personnel. I also authorize LPUMC to administer any prescribed medications necessary for my child’s health/safety during any on-site or off-site events. In the event that an accident or other emergency situation, I understand that I will be required to sign an incident report.

I, on behalf of my child/children and myself, hereby release and hold harmless LPUMC and its constituents for any injury, illness, death or other accident that may occur during church-sponsored activities. I also consent to my child/student being driven by adult volunteers over the age of 25 with proper background checks & driver history information on file with the church office.

I understand that LPUMC does not carry medical insurance on people participating in their activities. I agree to provide my insurance information at the time of service for any medical expenses and I am aware that I may be billed by the medical provider for any expenses not covered by my insurance. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills.

My initials here indicate that I have read and understood this medical release: _____

For youth participants only, please attach a copy of each child/student's medical insurance card.

Media Release:

I understand that my child/children's work (writing, drawings, etc.) and/or photograph (individual or as part of a group) may occasionally be displayed in the church, be published on the Internet, including social media (such as, but not limited to, Facebook, Twitter, Instagram.) I give my permission to publish my child/children's work or image with identification as specified below:

Please circle YES or NO for each of the following, and then initial:	<u>CIRCLE ONE</u>		<u>INITIAL</u>
1. My child/children's work may be displayed within the church building.	YES	NO	_____
2. My child/children's photograph or video footage may be displayed within the church building.	YES	NO	_____
3. My child/children's name may be used to identify his/her work or photograph or video footage within the church building.	YES	NO	_____
4. My child/children's work may be published on the Internet, including social media.	YES	NO	_____
5. My child/children's photograph or video footage may be published on the Internet, including social media.	YES	NO	_____
6. My child/children's name may be used to identify his/her work or photograph or video footage on the Internet, including social media.	YES	NO	_____

I further understand that it is advantageous for LPUMC families to have easy and reliable ways to contact each other, to arrange for playdates, carpools, and other non-church activities for the purpose of closer family bonding. While the church as a whole publishes a directory of members' contact information, I understand that the Children & Family Ministry Council and/or Youth Council might itself publish a mini-directory for families of children and/or youth.

7. My family's contact information and/or photo may be compiled, published and distributed in print and/or online in a directory for use by other LPUMC families.	YES	NO	_____
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Signature:

X _____ Date: _____ / _____ / _____
Signature of parent/guardian of minor participants

Year-Long Authorization (Only applies to Youth, grades 6-12):

In signing the below year-long authorization, I understand that I am giving my **permission** as parent/guardian for my child/student to participate in church-sponsored events both on and off site for the entire year **August 2019 – July 2020**. I am also confirming the accuracy of all information I have provided. If any accident should occur due to medical or personal conditions not listed, I recognize that this is my responsibility and will not hold LPUMC or their constituents liable.

Signature:

X _____ Date: _____ / _____ / _____
Signature of parent/guardian of minor participants

X _____ Date: _____ / _____ / _____
Signature of adult participants (18+)