

First United Methodist Church
Youth Ministries
2007-2008

Please print clearly

Name of Child: _____ Gender: M____F____

Name(s) of Parent(s): _____

Birth Date of Child: _____ Grade in 2006-07 _____ School: _____

CONTACT INFORMATION - (Please enter where applicable)

Address where child lives: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact (other than parents) _____

Address: _____

Phone Numbers: _____

OTHER INFORMATION:

Is there anything else you would like us to know that might help FUMC more effectively minister to your youth or child? _____

MEDICAL INFORMATION:

Physician's Name: _____ Office Phone: _____

Address: _____ City: _____

Name of Insured: _____ Medical Plan and Number: _____

Allergies or other medical issues: _____

Current medications: _____

_____ Date of last tetanus: _____

Please complete other side →

Medical Release Form

I/We, the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize any adult acting on behalf of First United Methodist Church, Sacramento as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered at the office of a licensed physician or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s), especially in case of emergency, to give specific consent to any such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his or her best judgment may deem advisable.

Date _____

Parent/Guardian Signature _____

Promotional Release Form

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by First United Methodist Church, Sacramento (FUMC). I understand that these materials are being used for promotion of the ministry of FUMC which includes flyers, brochures, and the church website (www.firstumcsac.org).

I release FUMC from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Date _____

Parent/Guardian Signature _____

Revised
08.31.07