

Hamline Church Youth Registration Form 2018 - 2019

Email this completed form to Walker at
wbrault@hamlinechurch.org or print off
and bring to your first event.

Family Name:

Youthite 1

Please fill out the information and check the relevant boxes.

Name of Child:	
Child's Email:	
Child's Cell Number:	
<input type="checkbox"/>	I am registering this child for confirmation in 2018-2019.
<input type="checkbox"/>	The church may follow this child on Instagram.

Age:	Birthdate:
Grade:	School:
<input type="checkbox"/>	The youth leadership may include my child in text alerts about youth events or worship service
<input type="checkbox"/>	Please use this phone number for safety on outings only.
<input type="checkbox"/>	The church may not follow this child on Instagram

Does your child have any special gifts or talents that we should know about?

ie, instruments, art...

Does your child have any special spiritual or emotional needs that we should know about?

Does your child have any allergies or dietary restrictions?

Youthite 2

Name of Child:	
Child's Email:	
Child's Cell Number:	
<input type="checkbox"/>	I am registering this child for confirmation in 2018-2019.
<input type="checkbox"/>	The church may follow this child on Instagram.

Age:	Birthdate:
Grade:	School:
<input type="checkbox"/>	The youth leadership may include my child in text alerts about youth events or worship service
<input type="checkbox"/>	Please use this phone number for safety on outings only.
<input type="checkbox"/>	The church may not follow this child on Instagram

Does your child have any special gifts or talents that we should know about?

ie, instruments, art...

Does your child have any allergies or dietary restrictions?

peanut allergy, vegetarian...

Does your child have any special spiritual or emotional needs that we should know about?

Photo Release

I am the parent or guardian of the following child(ren) under 18 years of age, and I give permission for photographs of the the children I have enrolled to be published on the Facebook page, website, and publications of Hamline Church United Methodist. I understand that these photos can be viewed by the general public, but no identifying information will be displayed.

Provide a Signature or type your name:

Date:

Guardian and Emergency Contact Information

Name of Primary Contact at Church:

Primary Contact Phone number:

This is a

cell

home

work

☐ Please include me in text reminders

Address of Primary Contact/Children:

First Call in case of emergency:

☐ use primary contact phone OR

Number:

Name:

Relation:

Second Call in case of emergency:

Number:

Name:

Relation:

Alternate Address for Child/ren:

This is:

☐ where the child/ren reside

☐ address of a co-parent

Alternate Address Phone Num:

Expectations of Hamline Church Youth Programming

Hamline Church United Methodist minimally expects each student to: Respect one another, staff, and adult leaders, Respect property, Respect planned activities, Participate with the group. Activities may include, but are not limited to: crafts, Bible study, dancing, running, jumping, play in the Fellowship Hall and on the church playground. Note: If you desire to limit your child's participation in any event, please submit your wishes to the Director of Children's & Family Ministry prior to that event. I understand that participating in programs, recreation and other activities of Hamline Church United Methodist is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

By signing at the bottom of this Permission and Waiver form, I expressly warrant that all children named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the children or myself participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my children may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities

First Aid and Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and, again, I agree to pay for the medical treatment.

I represent that I am the parent/guardian of the child named above, who is under 18 years of age. I have read the above permission and waiver form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities listed above. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my

Provide a Signature or type your name:

Date: