

**First United Methodist Church Children's Ministries  
2015 Registration Form**

Tshirt size \_\_\_\_\_

Child's Name \_\_\_\_\_ ( ) boy ( ) girl Age \_\_\_\_\_ Birth date \_\_\_\_\_

Grade \_\_\_\_\_ School child attends \_\_\_\_\_ Home phone \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip \_\_\_\_\_

Father \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Mother \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Parents' preferred email address(es) \_\_\_\_\_

Names & ages of other children in the family: \_\_\_\_\_

First UMC Members \_\_\_\_\_ Visitors \_\_\_\_\_ Other church child attends \_\_\_\_\_

Which service does the child generally attend? Sunday 8am. \_\_\_\_\_ 10:30am. Seasons \_\_\_\_\_ 10:30 Traditional \_\_\_\_\_ Varies \_\_\_\_\_

Emergency Contact Information (Please list individuals other than parents.)

Contact #1 \_\_\_\_\_ Home No. \_\_\_\_\_ Alt. No. \_\_\_\_\_

Emergency contact relationship to child? \_\_\_\_\_

Contact #2 \_\_\_\_\_ Home No. \_\_\_\_\_ Alt. No. \_\_\_\_\_

Emergency contact relationship to child? \_\_\_\_\_

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### Medical Information

Medical conditions impacting child's participation (food allergies, asthma, etc.) \_\_\_\_\_

Medication(s) child is currently taking \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Preferred Hospital/Clinic \_\_\_\_\_

Pediatrician \_\_\_\_\_ Office phone \_\_\_\_\_

Pediatrician's address \_\_\_\_\_

### PARENT RELEASES

1. **Medical Treatment:** I hereby authorize the staff or volunteers of Sierra Vista United Methodist Church to obtain medical treatment for my child in the event of an emergency. I release Sierra Vista United Methodist Church, their employees, and volunteers from any claim of liability in connection therewith. \_\_\_\_\_ **initial**
2. **Events / Activities:** I grant permission for my child to attend on-site and off-site events, activities, and programs of the Sierra Vista United Methodist Church in which he or she is enrolled. This permission includes bus rides to various activities. I will be notified in advance of all activities. \_\_\_\_\_ **initial**
3. **Publicity:** I grant permission for my child to be included in Sierra Vista United Methodist Church directories and promotional materials which may include pictures and/or recordings on the SVUMC websites (<http://www.sierravista.org> and <http://svumckids.shutterfly.com/>) and/or in newspapers. \_\_\_\_\_ **initial**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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