

2013-14 INFORMATION FORM

PLEASE PRINT

Fill out completely, leaving no blanks. If not applicable, please enter N/A.

Youth _____	Name _____	Date of Birth _____	Social Security Number _____
Address _____	Street _____	City _____	State _____ Zip _____
Contact Info _____	Parent Email Address _____	Parent Cell Phone _____	Cell Phone Service Provider _____
	Home Phone Number _____	Would you like to receive occasional reminders (4-6 per month) by Text Message at this Cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we use your photo on the church's website, newsletter, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
School _____	T-shirt Size: S M L XL XXL		
Parent/Guardian _____	Name _____	Parent Cell/Work Phone _____	Parent Email Address _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Please make sure to include your subscriber ID number and group number.

Secondary Emergency Contact _____		
Other than Parent/Guardian	Name _____	Relationship to Child _____
Contact Info _____	Home Phone Number _____	Cell Phone Number _____
Date of Last Tetanus Shot _____		
Insurance _____	Company _____	Subscriber ID Number _____ Group Number _____
List ALL Medications Being Taken _____		List ANY Allergies _____
_____		_____
_____		_____
Please list any special needs, conditions, or limitations of which we need to be aware: _____		

PLEASE COMPLETE BOTH SIDES.

CHILDREN'S

FUMC

MINISTRIES

3425 Ocoee Street North * Cleveland, TN 37312-4456 * (423) 476-4504 * www.clevelandumc.com

2013-14 ANNUAL CONSENT FORM

This form will NOT be accepted unless it is complete and notarized.

The undersigned does hereby give permission for my child, _____
To attend and participate in activities with the First United Methodist Children's Ministry to, regular weekly activities and the following special trips:

- ~ Fall Fun Day Hayride
- ~ Children's Day at Camp Lookout
- ~ Caroling to Nursing Homes
- ~ Puppet Outings
- ~ Acolyte Parties
- ~ Other _____
- ~ Other _____

This will include transportation to and from each event, retreat, or activity.

We (I), the undersigned parent/guardian, acknowledges that there are inherent and understood risks of personal injury associated with the activities as set forth above.

In the event of injury, we (I), the undersigned parent/guardian, authorize any adult person, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital.

We (I), the undersigned parent/guardian, shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization and further agree(s) to indemnify and hold harmless First United Methodist Church, its agents and employees, from any and all claims for medical expense and/or injury that may arise from the activity here and above described.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First United Methodist Church.

Parent/Guardian Signature

Signature of Notary Public

Signed Before Me on This Date

My Commission Expires

PLEASE COMPLETE BOTH SIDES