

FAIRWOOD COMMUNITY UNITED METHODIST CHURCH

YOUTH & CHILDREN'S MINISTRY REGISTRATION FORM

revised 09/2023

PARTICIPANT INFORMATION				
LEGAL FIRST NAME		PREFERRED NAME		LEGAL LAST NAME
DATE OF BIRTH (MM/DD/YYYY)		PREFERRED PRONOUNS		GENDER IDENTITY
CELL PHONE		HOME PHONE	EMAIL ADDRESS	
STREET ADDRESS			CITY	STATE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE
SCHOOL NAME (CHILDREN & YOUTH, ONLY)			SCHOOL DISTRICT(CHILDREN & YOUTH, ONLY)	
WHAT IS THE BEST WAY TO CONTACT YOU? <input type="checkbox"/> Text <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Through parents, only <input type="checkbox"/> Other:				
HEALTH INFORMATION				
DO YOU HAVE LIMITATIONS TO PHYSICAL ACTIVITIES? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please explain:				
DO YOU HAVE DIETARY RESTRICTIONS OR FOOD ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please explain:				
DO YOU HAVE NON-FOOD ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please explain:				
DO YOU TAKE PERSCRIBED MEDICATION / SUPPLEMENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please list medication and dosage below.				
<i>In the event of an emergency, we want to provide first responders with an accurate medication and supplement list to avoid adverse drug interactions. Please note, for overnight events, medication must be in the original container and given to an adult for safekeeping. Emergency life-saving medication (Epi-pen, insulin, etc.) may be kept by the participant.</i>				
HAVE YOU RECEIVED A COVID VACCINE		DATE OF LAST COVID VACCINE	DATE OF LAST TETANUS	
<input type="checkbox"/> NO <input type="checkbox"/> YES				
PARENT / GUARDIAN INFORMATION (ADULT VOLUNTEERS MAY SKIP THIS SECTION)				
A	FIRST NAME	LAST NAME	CELL PHONE	
	HOME PHONE	EMAIL ADDRESS		
	STREET ADDRESS	CITY	STATE	ZIP CODE
B	FIRST NAME	LAST NAME	CELL PHONE	
	HOME PHONE	EMAIL ADDRESS		
	STREET ADDRESS	CITY	STATE	ZIP CODE
ADDITIONAL EMERGENCY CONTACT INFORMATION				
FIRST NAME		LAST NAME	RELATIONSHIP TO PARTICIPANT	
CELL PHONE		HOME PHONE	EMAIL ADDRESS	

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IS THERE ANYTHING ELSE THE YOUTH AND CHILDREN'S MINISTRY LEADERSHIP TEAM SHOULD KNOW ABOUT YOU, YOUR YOUTH OR CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please explain:		
CONSENT FOR PARTICIPATION AND EMERGENCY CARE		
This agreement must be completed and turned in prior to participation in Fairwood Community United Methodist Church (FCUMC) children and youth ministry events. Red lines /strikethroughs are <u>not</u> allowed. Contact youthandchildren@fairwoodumc.org to discuss concerns. Your youth/child will not be able to participate in ministry activities without a parent present until a signed form is on file. With my initials and signature below, I hereby give consent to my/my child's participation.		
<i>initial here</i>	I consent to my/my child's participation in FCUMC youth and children's ministry activities including Sunday morning Christian education, fellowship groups, fundraising, retreat, and other church approved events.	
<i>initial here</i>	IN CASE OF MEDICAL EMERGENCY , I understand every effort will be made to notify the parent/guardians listed on page one of this form. In the event parent/guardians cannot be reached, I hereby give permission to the FCUMC youth and children's leadership to contact a properly certified first-aid provider and/or physician to provide routine healthcare, administer prescribed medications, and seek emergency medical treatment including ordering x-rays, injections, anesthesia, and surgery for the participant listed on page one of this form.	
<i>initial here</i>	I shall not hold FCUMC or any of its officers or agents liable in any way for any occurrence in connection with the activities approved by the church and personally assume all risks in connection with those activities, even if such activities result in injury, death, dismemberment, injury to reputation, emotional distress or other dangers to my child or the child's family, heirs, or assigns, or myself. I shall save and hold harmless FCUMC and its officers and agents from any claim by me, my family, estate, heirs, or assigns arising out of my child's participation in FCUMC approved activities.	
<i>initial here</i>	With regard to my/my child's appearance at and/or in the video production during classes, meetings or events, I hereby consent to and give permission for FCUMC, the SeaTac Missional District and the Pacific Northwest Conference of the United Methodist Church, to use my child's name, voice and likeness in its programs and activities, including the advertisement and promotion of the same, and I further consent that my child's name, voice and likeness may be used by such other parties to who the said FCUMC, the SeaTac Missional District and the Pacific Northwest Conference of the United Methodist Church shall give permission. This consent shall include any or all remarks, contributions, or performances that I may make or give in connection with my appearance and participation. I acknowledge that FCUMC has full ownership rights to the video production, and that its proceedings, including my or my child's appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device, now or hereafter known by FCUMC or its licensee, as many times as it wishes, without further authorization from me. IF YOU DO NOT WISH FOR YOUR CHILD TO BE FILMED OR PHOTOGRAPHED DURING FCUMC MINISTRY EVENTS, CONTACT youthandchildren@fairwoodumc.org PRIOR TO THE MEETING OR EVENT.	
<i>initial here</i>	I shall exempt and release FCUMC and its officers and agents from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. The parties shall resolve any dispute arising under the agreement only through negotiation, mediation, or binding arbitration.	
THIS IS A LEGALLY BINDING AGREEMENT THAT WILL EXPIRE 364 DAYS AFTER THE DATE INDICATED BELOW. I HAVE READ AND UNDERSTAND THIS AGREEMENT.		
_____ PARTICIPANT / PARENT / GUARDIAN NAME	_____ PARTICIPANT / PARENT / GUARDIAN SIGNATURE	_____ DATE SIGNED