

Student Information (Please print)

Name _____

Address _____ City _____ Zip _____

Birthdate ____/____/____ Age _____

2015-2016 Grade _____ School _____

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____

Custodial Parent Information (Please print)

Name _____

Address _____ City _____ Zip _____

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____

Other Parent Information (if different from Custodial Parent)

Name _____

Address _____ City _____ Zip _____

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____

Emergency Contact

Name _____

Address _____ City _____ Zip _____

Cell phone (____) _____ - _____ Home phone (____) _____ - _____

E-mail _____

(Please Print)

Please list all health concerns, physical activity restrictions, and other information you want us to know on behalf of the welfare of your student. _____

Allergies _____

Student's Doctor _____

Phone Number (_____) _____ - _____

Student's Current Medication(s) _____

I hereby release the United Methodist Church of LeMars, it's Staff and Adult Servants and Chaperones from responsibility and liability for any injury that my child may sustain during *Journey* events. In the event of an emergency, I hereby authorize the Adult Leader of any given activity, or the Pastor, as an agent for me, to consent to first aid, emergency treatment, x-ray examination, medical, dental, and/or surgical diagnosis; treatment and/or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice in the state where services are rendered; either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I will assume responsibility for any necessary or hospital expense that should be needed by my child.

My child has insurance coverage _____ No _____ Yes

Name of Policyholder _____

Relationship to Student _____

Name of Insurance Company _____

Group/Policy Number _____

Parent Signature _____ Phone (_____) _____ - _____

Emergency Contact _____ Phone (_____) _____ - _____

Date ____/____/2015

Please Print

Permission to use photograph

I grant, the United Methodist Church of LeMars (UMCL), the right to take photographs of me and my family in connection with the church activities. I authorize UMCL, it's assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that UMCL, may use such photographs of me with or without my name and for any lawful purpose, including for example such as purposes as publicity, illustration, advertising and web content.

I have read and understand the above: Please Print

Student Name _____ Student Signature _____

If student is under age 18 parental signature required.

Parent Name _____ Parent Signature _____

Address _____ City _____ Zip _____

Today's date ____/____/2015

Revised 10.20.15