

New McKendree United Methodist Church

Children's Ministry Registration and Release Form

Date __/__/__ (expires 1 year from date)

Child Name _____

Address _____

City _____ State _____ Zip _____

Birthdate ____ / ____ / ____ Age _____ Grade _____

Allergies _____

Dietary Concerns _____

Special Notes _____

Parent Name _____

Parent Cell _____ Email _____

Parent Name _____

Parent Cell _____ Email _____

Other guardians allowed to pick up child:

_____ Cell _____

_____ Cell _____

- My child will stay home if they have experienced any of the following symptoms: fever greater than 99.9 degrees, shortness of breath, cough, chills, muscle pain, new loss of taste or smell, vomiting, diarrhea or sore throat or sore throat in the last 48 hours or have been exposed to anyone confirmed to have a Covid-19 infection in last 14 days, if they are waiting for Covid-19 test results, or if they have any other known contagious illness.
- By participating in programs, services, and activities of **New McKendree United Methodist Church**, you agree to the following: On behalf of you and your children you hereby release, covenant not to sue, discharge, and hold harmless **New McKendree United Methodist Church**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.
- For promotional and publicity purposes, I will allow my child's picture to be taken and used. Names will not be used to identify persons in the pictures.

Parent Signature _____