

New McKendree United Methodist Church Youth Ministry Registration and Release Form

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

Name _____

Address _____

City _____ State _____ Zip _____

Student Cell Number _____

Birthdate ___/___/___ Age _____ Grade _____

School _____

Instagram _____

Favorite Snack _____

Home Church _____

Allergies _____

Dietary Concerns _____

Special Notes _____

Parent Name _____

Parent Cell _____ Email _____

Parent Name _____

Parent Cell _____ Email _____

Other guardians allowed to pick up child:

_____ Cell _____

_____ Cell _____

- I will stay home if I 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 in the last 48 hours or have been exposed to anyone confirmed to have a Covid-19 infection in last 14 days, if I am waiting for Covid-19 test results, or if I have any other known contagious illness.
- By participating in programs, services, and activities of **New McKendree United Methodist Church**, you agree to the following: 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 picture to be taken and used. Names will not be used to identify persons in the pictures.

Signature _____