

Brodhead UMC

Registration/Medical/ Photo Release Form

Student Information

Student Name _____ Date of Birth _____

Age _____ Gender M / F Grade in School _____ School Attending _____

Student's Cell # _____ Email _____

Health Concerns/Allergies _____

Student Name _____ Date of Birth _____

Age _____ Gender M / F Grade in School _____ School Attending _____

Student's Cell # _____ Email _____

Health Concerns/Allergies _____

Student Name _____ Date of Birth _____

Age _____ Gender M / F Grade in School _____ School Attending _____

Student's Cell # _____ Email _____

Health Concerns/Allergies _____

Student Name _____ Date of Birth _____

Age _____ Gender M / F Grade in School _____ School Attending _____

Student's Cell # _____ Email _____

Health Concerns/Allergies _____

Parent Information

Mother's Name _____ Cell/Home # _____

Work # _____ Email _____

Address(if different) _____

Father's Name _____ Cell/Home # _____

Work # _____ Email _____

Address(if different) _____

Emergency Contact

Name _____ Relationship _____

Cell/Home # _____ Work # _____

Address _____

Authorization and Medical Release

In case of an emergency, I, who by law may do so, authorize the administration of emergency medical treatment to the youth listed above. I understand all reasonable safety precautions will be taken at all times by the appointed adult leaders of Brodhead United Methodist Church. I understand that in the event that medical intervention is needed, every attempt will be made to contact the persons listed above.

Permission for Transporting a Child

For regular child/youth activities of the church, this shall be an annual blanket permission form for all activities within a 30 mile radius of the church building.

When my child is attending an activity sponsored by Brodhead United Methodist Church, and my child needs a ride from or to home, I give permission to one of the leaders of the church activity to provide transportation. I understand that all passengers when available must wear seat belts.

Photo Consent Form

I give consent for my child/ren to be photographed and/or videotaped by staff and authorized volunteers of Brodhead United Methodist Church for promotion, advertising, public relations, and program enrichment. I understand there will be no compensations and that no further claim will be made by me. I also acknowledge inclusion of this consent for any local media organizations approved by the staff of Brodhead United Methodist Church.

Parent/Guardian Signature _____ *Date* _____

Parent/Guardian Signature _____ *Date* _____

