



First United Methodist Church of Greene NY
 Sunday School Registration/ Medical and Media Release Form



Child/ Student Information

Child/ Student Full Name(s)	DOB (opt.)	Age	Current Grade	Name of School	Allergies? Medical Conditions <i>Attach another sheet if needed</i>
1.					
2.					
3.					
4.					

Parent/Guardian Contact Information:

Parent/Guardian Name(s)	Phone Numbers	Mailing Address (Include city/state/zip)	Location on Sunday Mornings
1.	H: C:		
2.	H: C:		
Email Address(es)*	1. 2.		

* by providing email address(es) you will opt in to distribution lists relevant to your child/children

Emergency Contact Information:

Emergency Contact Name (besides anyone listed above)	Phone Number
	H: C:

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First United Methodist Church of Greene NY (hereafter known as FUMCG) I understand that every reasonable effort will be made to contact the persons listed above. Furthermore, if unsuccessful in contacting the persons listed, I give consent/permission for treatment by competent medical personnel. I also authorize FUMCG to administer any prescribed medications necessary for my child's health/safety during any on-site or off-site events. In the event of an accident other emergency situation, I understand that I will be required to sign an incident report.

I, on behalf of my child/children and myself, hereby release and hold harmless FUMCG and its constituents for any injury, illness, death or other accident that may occur during church-sponsored activities. I also consent to my child/student being driven by adult volunteers over the age of 25 with proper background checks and driver history information on file with the church office.

I understand that FUMCG does not carry medical insurance on people participating in their activities. I agree to provide my insurance information at the time of service for any medical expenses and I am aware that I may be billed by the medical provider for any expenses not covered by my insurance. I understand that if I do not have medical insurance that I am responsible for the payment of any medical bills. I understand that it is my responsibility to communicate any changes to this information.

My initials here indicate that I have read and understood this medical release. _____

Media Release:

I understand that my child/children's work (writing, drawing, etc..) and/or photograph (individual or as part of a group) may occasionally be displayed in the church, be published on the FUMCG Website and social media (such as, but not limited to Facebook, Twitter, Instagram.) I give my permission to publish my child/children's work or image with identification as specified below:

Please circle YES or NO for each of the following, and then initial:	<u>CIRCLE ONE</u>	<u>INITIAL</u>
1. My child/children's work may be displayed within the church building:	YES NO	_____
2. My child/children's photograph or video footage may be displayed within the church building:	YES NO	_____
3. My child/children's name may be used to identify his/her work or photograph or video footage within the church building:	YES NO	_____
4. My child/ children's work may be published on the Internet, including social media:	YES NO	_____
5. My child/ children's photograph or video footage may be published on the Internet, including social media:	YES NO	_____
6. My child/children's name may be used to identify his/her work or photograph or video footage on the Internet, including social media:	YES NO	_____

I further understand that it is advantageous for FUMCG families to have easy and reliable ways to contact each other, to arrange for playdates, carpools and other non-church activities for the purpose of closer family bonding. While the church as a whole publishes a directory of members' contact information, I understand that the Children & Family Ministry Council and/or Youth Council might itself publish a mini-directory for families of children and/or youth.

7. My family's contact information may be compiled, published and distributed in print And/or online in a directory for use by other FUMCG families _____	YES NO
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Signature:

X _____

Signature of parent/guardian of minor participants

Date: _____/_____/_____

Parents/Guardians, please note that YOU will need to be responsible for informing the supervising staff member of any changes to the medical or emergency contact information throughout the year.