

2023 L1UMC YOUTH REGISTRATION FORM

ALL L1UMC YOUTH PARTICIPANTS (Adults or Youth) must have a completed registration form and a copy of their medical insurance card on file in the student ministry office. L1UMC Student Ministries Director and volunteers will have access to these forms for all events, trips, or outings.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Address: _____

Cell Phone: _____ Email: _____ T-shirt Size (Adult): _____

Grade: _____ School: _____ Date of Birth: _____

PHOTO RELEASE: I consent to the photographing or filming of the participant listed above to be used for promotional purposes by First United Methodist Church of Lewisburg.

Parent/Guardian's Initials: _____

PARENT/GUARDIAN INFORMATION

Name:	Name:
Home:	Home:
Cell:	Cell:
Work:	Work:
Email:	Email:

EMERGENCY CONTACTS

(If parent/guardian cannot be reached)

Name:	Name:
Phone:	Phone:

MEDICAL INFORMATION

Participant Full Name: _____

Name Coverage is Under: _____

Health Care Provider: _____ Policy Number: _____

ID Number: _____

Family Physician Name: _____ Phone: _____

ALLERGIES: _____

SPECIAL NEEDS (physical, dietary, etc.): _____

MEDICATION LIST

TRANSPORTATION POLICIES *(Initial for permission/agreement)*

_____ I understand student drivers are not permitted to drive during an L1UMC event. Students may drive to and from meeting place only.

_____ I understand it's the sole responsibility of the parent/guardian to pre-arrange transportation to and from L1UMC events for my youth.

_____ As the legal parent/guardian of the above youth, I give my permission for L1UMC and its representatives to transport my youth on outings and trips when such trips leave the L1UMC property.

STATEMENT OF RELEASE

I _____, the legal parent/guardian of the above youth give my permission for him/her to participate in Lewisburg First United Methodist Church (L1UMC) Youth Ministry events. I understand all reasonable safety precautions will be taken at all times by the L1UMC staff and volunteers. I have completed the information to the best of my knowledge.

I understand there are risks inherent with all youth ministry activities and outings. I understand L1UMC, Director of Student Ministries, and other leaders are not liable for damages, losses, illness, or injuries incurred by my youth. In the event that an injury should occur, I give permission for my youth to receive any necessary medical treatment (including but not limited to: transportation to a medical facility, consultation with a medical professional, and any measures deemed necessary by attending personnel should my youth need such treatment before I can be reached.

Parent/Guardian's Signature: _____ **Date:** _____

Printed Name: _____