

**St. Paul United Methodist Church
Youth and Children's Event Registration**

Conduct Agreement

I agree that my child or youth will abide by the rules as set forth by the program staff, chaperones, and counselors of St. Paul United Methodist Church, as well as any additional rules made by program staff, chaperones, and chaperones associated with St. Paul United Methodist Church. In the event that my child, disregards the rules set forth by the program staff, chaperones, or counselors of St. Paul United Methodist Church, he or she will be subject to removal from this event.

Parent's Signature _____ Date _____

I understand and agree to follow all rules and schedules set forth by the program staff, chaperones, and counselors of St. Paul United Methodist Church. I also understand that if I fail to follow these rules, that I will be asked to leave this St. Paul United Methodist Church sponsored event.

Youth/Child Signature _____ Date _____

Liability Release Agreement

I give permission for _____ to participate in this St. Paul United Methodist Church sponsored event. I understand that all youth and children's events may involve certain risks of physical activity and possible injury and that St. Paul United Methodist Church, its program staff, and volunteers will provide each participant with reasonable care, but that St. Paul United Methodist Church cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in this activity and ASSUME THE RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS St. Paul United Methodist Church, and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in this St. Paul United Methodist Church sponsored event. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

In the event that _____ becomes ill or is injured during participation in this St. Paul United Methodist Church sponsored event my signature indicates my permission for him/her to be treated by a physician, hospital and/or medical clinic.

Parent/Guardian Signature _____ Date _____

This form must be signed by the parent or guardian or the adult participant.

Signature of Notary Public _____ Date _____

**St. Paul United Methodist Church
Children's and Youth Medical Release Form**

Full Name _____ Social Security Number _____
Nickname _____ Date of Birth _____ Age _____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Phone Number _____ E-mail _____

Parent or Guardian Information

Please include area code with all telephone numbers

Mother _____ Work # _____ Cell # _____
Father _____ Work # _____ Cell # _____

Next of kin or other responsible adult

Name _____ Relationship _____
Work # _____ Home # _____ Cell # _____
Physician's Name _____ Work # _____

Health Insurance Information

Please fill in the information below and attach a clear photocopy of your health insurance card.

Health Insurance Company _____ Policy # _____
Agent _____ Work # _____

Health Information

Allergies _____

Recent illness or injuries _____

Medications you will be bringing _____

Are there any other health conditions which we need to know about? _____

Date of last tetanus booster _____