

**YOUTH MINISTRY PARTICIPANT REGISTRATION PACKET**

Moran United Methodist Church  
3601 E 65th Ave Spokane, WA 99223

Fall 2019 - Summer 2020

***Youth Participant Information***

Participant Name \_\_\_\_\_  
(First) (Middle) (Last)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Grade in Fall 2019 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Do you receive texts at this number? \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

***Parent/Guardian Information***

**Parent/Guardian Information**

Parent/Guardian Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

List any other person(s) who are APPROVED to bring or pick up your child: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Medical Health Information**

Participant's Name \_\_\_\_\_ Overall Health: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Do you have medical insurance? \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you have any restrictions of activities for medical reasons? \_\_\_\_\_

Explain limitations: \_\_\_\_\_

\_\_\_\_\_

Have you had any major illnesses or surgery recently? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications, prescribed or otherwise (e.g. cold medicine)? \_\_\_\_\_

State what you are taking and what condition it is for \_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies? \_\_\_\_\_ Do you carry epinephrine? \_\_\_\_\_

List any allergies (food or other), along with how the allergy effects you and treatment: \_\_\_\_\_

\_\_\_\_\_

Do you have special dietary needs? \_\_\_\_\_ Explain \_\_\_\_\_

***Consent for Participation, Transportation, and Medical Care***

To Whom It May Concern:

The undersigned does hereby give permission for our/my child, \_\_\_\_\_, to attend and participate in activities sponsored by Moran United Methodist Church (MUMC) for the period beginning on September 1, 2019 and ending on August 31, 2020. I/We authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my/our child to return home due to medical reasons or any other reasons including disciplinary, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my/our child to ride in any vehicle, driven by Youth Leaders and other MUMC-approved adults who have passed a WSP background check, while attending and participating in activities sponsored by MUMC

I understand that all youth activities of MUMC are to be alcohol, tobacco, and drug free, and the Church has a zero tolerance policy for youth to be found in possession or under the influence of these substances. If my child is found to be in violation of this policy, I understand that they will be sent home immediately and I will need to get them from the Church or other activity location.

Participant's Name	Parent/Guardian Signature	Date
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***Video Taping, Audio Taping & Photo Consent***

With regard to my child's appearance at and/or in photo, audio, or video productions or other events produced by Moran United Methodist Church (MUMC), I hereby consent to and give permission for MUMC to use my child's photo, voice and likeness in its programs and activities, including the advertisement and promotion of the same. This consent shall include any or all remarks, contributions, or performances that my child may make or give in connection with their appearance and participation. Any photos that are used in public places (such as website, social media, etc.) will appear without my child's full name or other identifying information.

I acknowledge that Moran United Methodist Church has full ownership rights to the images I give them, and to the photo and video productions it creates, and that my child's appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device now or hereafter known, by Moran United Methodist Church as many times as it wishes, without financial compensation to me or further authorization from me.

Parent/Guardian Signature	Date
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