

SPACE for GRACE: Youth Ministry of Kent UMC

Registration & Consent Form: 2022-2023

YOUTH INFORMATION:

Last Name:	First Name:	Grade & School:
Home Phone:	Cell Phone:	Date of Birth:
Home Address:		E-mail Address:

PARENT/GUARDIAN INFORMATION:

Name(s):	E-mail: (Is e-mail a good way to contact you? <input type="checkbox"/> yes <input type="checkbox"/> no)
Home Phone:	Cell Phone: (Text? <input type="checkbox"/> yes <input type="checkbox"/> no)

DRIVERS: Please list drivers who have permission to pick up your son/daughter.

YOUTH HEALTH INFORMATION: required for attending any activity when the parent/guardian is not present

Medications: list regular medications and proper dosage		Special Needs/Situations: If your son/daughter has any physical, emotional, or medical limitations, please inform us so our leaders can provide appropriate support
Medical Insurance: Company: Group #: Policy Number:	Immunizations: Are the immunizations required for school current? <input type="checkbox"/> yes <input type="checkbox"/> no Date of last tetanus: Blood type (if known):	
Allergies/Sensitivities:	Family Physician: Name: Phone:	

EMERGENCY CONTACT: (someone who does not live with your youth)

NAME(s) & Relation:	Phone:
NAME(s) & Relation:	Phone:

BAPTISM INFORMATION:

Has your youth been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where: Date:
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Consent for Participation, Transportation, and Emergency Care

The undersigned do (does) hereby give permission for our (my) youth, _____
to attend and participate in activities sponsored by the Kent United Methodist Youth Ministry between the
dates of September 1, 2022, and October 1, 2023.

_____ INITIAL _____ INITIAL

The undersigned do (does) hereby give permission for our (my) youth, _____
to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and
participating in activities sponsored by Kent UMC.

_____ INITIAL _____ INITIAL

We (I) 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
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 hospital, whether such diagnosis or treatment is rendered at
the office of said physician or at 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 youth pursuant to this authorization.

Should it be necessary for our (my) youth to return home due to medical reasons or otherwise, the undersigned
shall assume all transportation costs.

PERMISSION FOR TEXT COMMUNICATIONS

The undersigned do (does) hereby give permission for direct electronic & online communication between my
youth and KUMC's ministry staff and volunteers. Texts will be sent using *Remind*, an educational group texting
service.

Permission Denied Permission Granted

MEDIA / SOCIAL MEDIA RELEASE

*Kent UMC Youth uses a public website, Facebook, and Instagram pages to advertise our youth program to new members
and to communicate information about activities to parents and students. These communications are more fun, engaging,
and effective if we use photos, but to do that we need your permission.*

The undersigned do (does) hereby give permission for our (my) youth's image in photographs or video to be
used as marked by my selection(s) below for displays, distribution, publication, or transmission, in materials
that include, but may not be limited to, printed brochures and newsletters, and videos and digital photographs
posted on the Kent UMC website. The youth's name will not be printed.

Permission Denied Within the Church Only Unrestricted Use

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that my
youth may sustain or incur if any while attending, practicing, witnessing, or participating in any church program
occurring in or about the church premises or at an offsite location. I hereby assume full risk, waive all claims,
and release and hold Kent UMC, its staff, or volunteers of said program or event, individually or otherwise,
harmless for any and all claims for injuries or damages.

I am fully aware and understand that Kent UMC does not have on or about the church premises, employ or contract
with any medical services, provisions for ordinary or emergency medical services.

In consideration of my youth's participation in and the use of the Church's facilities, I hereby release and
covenant not to sue the Church, its owners, shareholders, directors, officers, employees, representatives, agents,
and lessees from any and all claims resulting from any physical injury that may occur to my youth while
participating in any program or event sponsored by Kent UMC.

Parent/Guardian Name _____ Date _____

Signature _____

Parent/Guardian Name _____ Date _____

Signature _____