



# KUMC KidZ JAM Registration Form • 2023-2024

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

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Send mailings to: ADULT name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Second Address: *(if mail should be sent to two places)*

ADULT name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Other Adults that may Pick Up My Child \_\_\_\_\_

The following information would be helpful to help us more effectively minister to your child :

We are dealing with a difficult family situation (illness, death, divorce, etc.) \_\_\_\_\_

My child has the following medical condition/special needs:

My child is allergic to: \_\_\_\_\_

My child enjoys/participates in: (sports, dance, gymnastics, swimming, art, music, Scouts, reading, video games, etc.) \_\_\_\_\_

Child's Baptism Information:

Has your child been baptized? ☐ yes ☐ no

If yes, Where: \_\_\_\_\_ Date: \_\_\_\_\_

If no, would you like to schedule a baptism at Kent UMC? ☐ yes ☐ no

**Please Fill Out BOTH SIDES of this form!**

# CONSENT FOR PARTICIPATION, TRANSPORTATION, EMERGENCY CARE, & MEDIA RELEASE

## MEDIA RELEASE

### MEDIA / SOCIAL MEDIA RELEASE

*Kent UMC uses a public website, Facebook, and Instagram pages to advertise our programs 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.*

*Kent UMC livestreams its worship services. Youth and children are invited to participate in worship in a number of ways that may result in their image being shared in the livestream, including but not limited to: choirs, music and arts programs, scripture readers, Time With Young Disciples, Bible bearers, acolytes, or similar opportunities.*

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 and Livestreaming Only    ☐ Unrestricted Use

## RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), illness (including Covid-19) or losses that my child 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 any 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, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child'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 or illness that may occur to my child while participating in any program or event sponsored by Kent UMC.

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 child pursuant to this authorization.

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

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_