

FUMC Children's Ministries Registration 2019-20

Please fill out and return to the Kingdom City Welcome Desk or mail to the church - Attn: Children's Ministries

Children's Ministries Policy: Children must be accompanied by an adult at all times, unless they have been signed into Children's Ministries programming. FUMC is not responsible for unattended children.

Parent/Guardian Name	Home Address (Street, City, ZIP)			Member or Visitor
Home Phone	Cell Phone	Place of Employment	Work Phone	
Primary Email Address – Please Print Clearly				

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I do not want to receive emails from FUMC Children's Ministries.

Person(s) authorized to pick up my child from SS/CW (other than listed above):	
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Other Local Emergency Contact:	Name:	Phone:
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Child's Name	DOB	Age	Current Grade	M/F	Baptized? Date m/d/y	Allergies or Special Needs (if necessary, please add more details on other side)

I do not grant permission for photos/images that include my child(ren) to be used in church printed and on-line publications.

This release applies to all children listed above (please read release information detailed on reverse side).

Signature (parent or guardian of minor child(ren))

Parent/Guardian Printed Name

Date

On Sunday, I am in worship at _____ or _____ Sunday School Class

Would you like to be contacted about baptism for your child? _____

My child will usually attend Sunday School at: _____ 9:30 am _____ 11:00 am

My child would like to participate in the following choirs:

CHERUB CHOIR (ages 4-5): _____ VOCAL CHOIR (grades K-6th): _____ BELL CHOIR (grades 1st-6th): _____

How did you hear about FUMC? _____ Guest of: _____

May we contact you about volunteering? ___ Y ___ N Preference: ___ 9:30 am ___ 11:00 am ___ Special Events

(continued on other side)

FIRST UNITED METHODIST CHURCH of COLORADO SPRINGS

Activity Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

I consent for myself and/or any child listed below to participate in **Children's Ministries programming** sponsored by First United Methodist Church (FUMC).

I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored by FUMC, and this Activity Release is given in exchange for that opportunity.

Waiver, Release, and Indemnification – I, individually, or in my capacity as parent, guardian, or next of kin of any listed child, waive, release, indemnify, and promise not to sue FUMC and all of its constituent organizations, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, including the released parties' own negligence, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. I fully assume the risks associated with participating in this activity. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

Medical - In case of medical need or injury, I understand that FUMC will make every reasonable effort to contact me or my emergency contact. In the event I or my emergency backup contact cannot be reached, I authorize FUMC to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. Any provider of care can rely on this document as authority to treat me or such child as appropriate and to bill me directly for the costs thereof. I understand that FUMC will hold any medication for such child until needed or scheduled, at which time it is my or such child's responsibility to inform the staff that the medication is needed. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to FUMC staff using the back of this form.

Photographs - I understand that FUMC may take photographs or videos of me or a listed child while participating in activities, and I grant permission to publish such photographs in a manner FUMC deems appropriate.

Revocations - To revoke this agreement, I must notify FUMC in writing in advance of the event.

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Name of physician: _____ Phone _____

Name of dentist: _____ Phone _____

Preferred hospital: _____

Medical Insurance/Policy#: _____

Please specify details regarding special needs or medical conditions.

Office Use:

Copied for DD _____ Entered onto CM Roster _____ Enter/Update Shelby _____