

Youth Registration & Emergency Care Form 2019-20

Open Door Youth Ministry

Name: _____ Sex: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
School: _____ Grade: _____ Cell phone: _____ Text okay? Yes/No

Which parent should receive reminders and flyers for activities and events? _____

Father/Guardian's Name:

Address (if different): _____
Preferred Telephone: _____ Home/Work/Cell Text okay? Yes/No
E-mail address (one you check frequently): _____

Mother/Guardian's Name:

Address (if different): _____
Preferred Telephone: _____ Home/Work/Cell Text okay? Yes/No
E-mail address (one you check frequently): _____

Please list **two** contacts to be called in case the parents/guardians cannot be reached.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Important Medication Conditions (including allergies and medications taken)

My youth has permission to travel to off-site locations with his/her class leaders (all activities will conform to the Safe Sanctuary Policies of our church) _____ Yes _____ No

Medical and Liability Release Statement

I give permission for, _____, to participate in United Methodist Ministries of Salem-Keizer sponsored events, (any known, advertised church program for children and/or youth). I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed in this form.

I understand all reasonable safety precautions will be taken at all times by the staff and/or designated volunteer of United Methodist Ministries of Salem-Keizer and its agents during children's and youth events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold United Methodist Ministries of Salem-Keizer, their leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

In the event I cannot be reached in an emergency, I hereby give permission to the staff and/or designated volunteer at United Methodist Ministries of Salem-Keizer to act on my behalf with respect to my youth's health and safety while at or en route to and from activities. I also give permission for a physician or dentist selected by United Methodist Ministries of Salem-Keizer and its agents to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my youth as deemed necessary.

I accept full responsibility for any expense incurred while providing medical treatment for my youth. I understand that this medical release will be on file at 600 State Street, Salem, Oregon, for the date of signing and will be in effect until August 31st of the following year. Parents/Guardians are responsible for communicating any changes in or additions/deletions to the above information in writing to the Christian Education direct at the time the change occurs.

Signature: _____ Print: _____ Date: _____

I **DO NOT** consent to the use of child's image or voice in photographs, audio, and/or video recordings taken over the course of the year for the purpose of promoting United Methodist Ministries of Salem-Keizer Youth Ministry, on bulletin boards and the internet.

Signature: _____ Print: _____ Date: _____