



# 2017-2018 Dayspring UMC Student Registration Form

*Dayspring's student ministry exists to provide a community for students to offer themselves in missions and mature in their Christian faith.*

***You must register even if you were in Youth Group last year***

## Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

T-shirt size: small: \_\_\_\_\_ medium: \_\_\_\_\_ large: \_\_\_\_\_ xl: \_\_\_\_\_

Interests: \_\_\_\_\_

Sports/Activities: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell number: \_\_\_\_\_

## Emergency Contact

Please list an individual and phone number other than that appearing above.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

## Emergency Care Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Youth's doctor: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Youth's dentist: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Local Hospital preference: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Medications Youth regularly takes: \_\_\_\_\_

I agree that Dayspring UMC, it's authorized representatives and assigns may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I agree to the transport of my child and the release of important information to authorized medical personnel in the event of an emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



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**Photography/Videography Waiver:** I understand that my child may be photographed or recorded on video during the course of youth ministry events. By initialing below, I provide consent for their image to be used in either print, electronic or video form for the promotional purpose of future retreats and youth group activities. I also give permission to Dayspring UMC to post appropriate photos of my child on the Youth Group website, Facebook page, promotional flyers, newsletters, bulletins, etc.... \_\_\_\_\_ initials of Parent/Guardian

**Parental Authorization/Release Form:** I give permission for my child to take part in the Dayspring UMC Student Ministry activities on and off church grounds. I understand that Dayspring UMC will travel by car to scheduled off site locations for the purpose of ministry, service and recreation activities. I understand that I will be provided with a schedule to activities and trips and hereby give my permission and consent to my child's participation in all scheduled activities unless otherwise notified.

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless Dayspring UMC, its agents, employees and officers and the chaperones, leaders, organizers, sponsors and persons transporting our child to and from activities. Neither the Dayspring UMC nor any of said person shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of Dayspring UMC youth activities. I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contact, I hereby authorize that emergency treatment be administered. \_\_\_\_\_ initials of Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_