

Fill out one card per
youth / child

**Plymouth First United Methodist Church
Children & Youth Program Registration**

Date _____

Youth/Child Name _____ Grade _____ Birthday _____

Address _____ City _____ Zip _____ E-Mail _____

School _____ Church Affiliation: _____

Parent (s) Name (s) _____ Phone _____

Parents Work / Cell / Pager _____ E-Mail _____

Emergency Contact (if parents unavailable) Name _____ Phone _____

Health Problems/Allergies/Special Needs _____

Physician _____ Phone _____

Authorization for Treatment of a Minor:

My youth/child named above, has my permission to attend trips and special events sponsored by Plymouth First United Methodist Church. In the event of illness/accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Authorization for Media Release

Yes Plymouth First United Methodist Church may post a photograph and/or video of my child on the church's website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.

No I ask that Plymouth First United Methodist Church not post photographs and/or videos of my child on the church's website or use a photograph of my child in their publications.

Parent/Guardian Signature _____ **Date** _____