2018 -19 Sunday School/Youth Group Registration/Release

Student Name: _____
First Last

Gender: ____Date of Birth: _____ Nickname: _____Grade: _____

Parent/Guardian Information
DAD Name: _____

Cell Phone: _____ E-Mail Address: _____

MOM Name: _____

Cell Phone: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Allergies / Special Needs: _____

Emergency Contact Name: _____
First and Last

Emergency Contact Home Phone: _____

I give permission for my child to attend 2018-2019 Sunday School/ Youth Group. I understand that only the sponsoring churches will use the information I give for this registration.

I give my permission for the staff to administer basic first aid to my child in the event of an injury. I understand that the staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

I hereby grant The First United Methodist Church, Gouverneur permission to use photographs/videos taken at 1st United Methodist Church of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

_____

Parent/Guardian **PRINTED** **SIGNATURE** **DATE**