

SWARTHMORE UNITED METHODIST CHURCH  
ADULT REGISTRATION 2018-2019

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

DOB: \_\_\_\_\_

I am volunteering to participate in activities of Swarthmore United Methodist Church for the 2018-2019 program year, September 1, 2018, through August 31, 2019. I hereby release SUMC from any and all liability to me as a result of my participation in such volunteer activities and I understand that SUMC does not assume any responsibility for loss of, or damage to, personal property of participant. In case of emergency, and if I am incapacitated and my emergency contact cannot be reached, I give my permission to the adult leaders of the event to permit hospital personnel and/or a licensed physician to perform emergency treatments and inject or administer medications in conjunction with such emergency treatment. I also agree to allow the use of my photograph from SUMC activities to be used in SUMC publications. I give permission for SUMC leaders to contact me directly using phone or email information provided below.

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

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

**Emergency Contact Information**

**Adult 1**

**Adult 2**

Name: (first last) \_\_\_\_\_

Name: (first last) \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Phones: (m) \_\_\_\_ (h) \_\_\_\_

Phones: (m) \_\_\_\_ (h) \_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Street address: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Personal Information**

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

Medical Conditions: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

What else should we know about you:

Medications: \_\_\_\_\_

\_\_\_\_\_

T-Shirt Size (circle one):

\_\_\_\_\_

S M L XL XXL

Insurance Carrier: \_\_\_\_\_

Plan Code: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Child/Youth Protection Information**

Pennsylvania Child Abuse History Certification  
Pennsylvania Department of Education Registration  
Pennsylvania State Police Criminal Record Check  
FBI Fingerprinting and Criminal History Report

Cert. ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Reg. ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Please complete this form, SAVE it as YOUR NAME, and send it to us by:  
e-mail to office@swarthmoreumc.org or  
hard copy to the church office 129 Park Avenue, Swarthmore, PA 19081