

SWARTHMORE UNITED METHODIST CHURCH
CHILDREN & YOUTH REGISTRATION 2018-2019

Child/Youth Name: _____ **Grade:** _____ **DOB:** _____

I hereby give permission for my child (named above) to participate in Swarthmore United Methodist Church (SUMC) children and youth activities from September 1, 2018 to August 31, 2019 and release SUMC from any and all liability to me or my child as a result of his/her participation. Also, I understand that SUMC does not assume any responsibility for loss of, or damage to, personal property of participant. In case of emergency, if I cannot be reached, I give my permission to the adult leaders of this 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 child's picture from SUMC activities to be used in SUMC publications, in which they will not be identified. I give permission for SUMC leaders to contact my child directly using phone or email information provided below.

Signature of Parent or Legal Guardian: _____ Date: _____

Parent/Guardian Information

Adult 1

Name: (first last) _____
Relation to Child: _____
Phones: (m) ____ (h) ____
Email: _____
Street address: _____
City, State, Zip: _____

Adult 2

Name: (first last) _____
Relation to Child: _____
Phones: (m) ____ (h) ____
Email: _____
Street address: _____
City, State, Zip: _____

Child/Youth Information

Name: (first last) _____
Cell Phone: _____
Email: _____
Street Address: _____
City, State, Zip: _____
What else should we know about your child:

Preferred Name: _____
Allergies: _____
Food Restrictions: _____
Medications: _____
T-Shirt Size (choose one):
YS YM YL YXL AS AM AL AXL AXXL

Other Information:

Who else may pick up your child from Sunday School or Church Events? _____

Do you give permission for your child to leave Sunday School and go to church unattended? Yes No

Insurance Carrier: _____ Plan Code: _____

Identification Number: _____ Group Number: _____

Primary Carrier (person under whose name the coverage exists): _____

Please complete this form, SAVE it as CHILD'S 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