

**Emilie United Methodist Church (Emilie UMC)  
Children & Youth Family Registration 2022-2023**

Child/ Youth Name	Male / Female	Age/Grade	Birthdate	Cell Phone (if applicable)
#1				
#2				
#3				
#4				
#5				
#6				
#7				

Parent/ Guardian of Child(ren) and/or Youth (Primary Residence)				
Name	Relationship	Cell Phone	Email	
Address:			Apt Number:	
City:	State:	Zip Code:	Home Phone:	

Parent/ Guardian of Child(ren) and/or Youth (Secondary Residence)				
Name	Relationship	Cell Phone	Email	
Address:			Apt Number:	
City:	State:	Zip Code:	Home Phone:	

If the person who brings them to Emilie UMC is not the above mentioned parent/guardian

Adult(s) Who Bring[s] the Child(ren) and/or Youth to Emilie UMC:				
Name	Relationship	Cell Phone	Email	
Address:			Apt Number:	
City:	State:	Zip Code:	Home Phone:	

DO NOT release my child(ren) and/or youth to: \_\_\_\_\_ relationship: \_\_\_\_\_

**\*\*Please Fill Out Both Sides of This Form\*\***

**Travel/Media Rights Release (check the applicable photo release)**

- I give permission for my child(ren) and/or youth named above to participate in all children and/or youth activities at Emilie UMC, including any activities off premises.
- I give permission for my child(ren) and/or youth to travel by car/ bus/ public transit with EUMC staff/ EUMC adult volunteer leaders for Emilie UMC activities.

\_\_\_\_\_ I permit Emilie UMC to use any photographs, video images and sounds, and/or audio sounds of my child(ren) and/or youth participating in Emilie UMC activities for the purpose of promoting EUMCs programs.

**OR** \_\_\_\_\_ I **DO NOT** permit Emilie UMC to use any photographs, video images and sounds, and/or audio sounds of my child(ren) and/or youth participating in Emilie UMC activities for the purpose of promoting EUMCs programs.

**Release of Liability**

In case of any accident or illness during any Emilie UMC activities or during transportation to or from one of these activities, **I agree to release Emilie UMC, its employees, and volunteers from all liability.**

**Medical Release/ Permission for Treatment/ Participant release form for Emilie UMC to administer medication**

*Please notify EUMC of any medications that your child(ren)/ youth need(s) to take during any of EUMC's activities. All medication must be given to an adult EUMC staff member/ adult EMUC Volunteer Leader and will only be administered by a designated EUMC adult leader.*

I, the undersigned parent/guardian of the above mentioned child(ren) and/or youth, who is a (are) minor(s), do hereby authorize all volunteers and employees of Emilie United Methodist Church as an agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical and/or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable. I also agree to release EUMC, its staff and volunteers from any financial responsibility related to any and all such diagnoses, treatment or hospital care mentioned above.

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_

Child/Youth Name	Health Insurance ID #	Date of Last Tetanus (DPT)	Allergies
#1			
#2			
#3			
#4			
#5			
#6			
#7			

Person (not living with family) to contact in an emergency (when parent/guardian cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

I have read, understood and agreed to all of the above.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

*Note: All of the above releases will remain in effect through September 2017 unless revoked sooner in writing to Emilie UMC: 7300 New Falls Rd, Levittown PA 19055.*