

**Chaos Youth Group (Christ UMC & Emilie UMC)
Youth Registration 2023-2024**

Youth Name	Preferred Pronouns	Age/Grade	Birthdate	Cell Phone (if applicable)
#1				
#2				
#3				
#4				

Home Church:

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

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

If the person who brings them to Youth Group is not the above-mentioned parent/guardian

Adult(s) Who Bring[s] the Youth to Chaos Youth Group:				
Name	Relationship	Cell Phone	Email	
Address:			Apt Number:	
City:	State:	Zip Code:	Home Phone:	

DO NOT release my 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 youth named above to participate in all youth activities at Emilie UMC & Christ UMC, including any activities off premises.
- I give permission for my youth to travel by car/ bus/ public transit with EUMC & CUMC staff/ EUMC & CUMC adult volunteer leaders for youth activities.

_____ I permit Emilie UMC & Christ UMC to use any photographs, video images and sounds, and/or audio sounds of my youth participating in Chaos youth activities for the purpose of promoting Chaos youth programs.

OR _____ I **DO NOT** permit Emilie UMC & Christ UMC to use any photographs, video images and sounds, and/or audio sounds of my youth participating in Chaos youth activities for the purpose of promoting Chaos youth programs.

Release of Liability

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

Medical Release/ Permission for Treatment/ Participant release form for youth leaders to administer medication

Please notify Chaos Youth leaders of any medications that your youth need(s) to take during any of Chaos Youth activities. All medication must be given to an Chaos Youth leader and will only be administered by a designated Chaos youth adult leader.

I, the undersigned parent/guardian of the above mentioned youth, who is a (are) minor(s), do hereby authorize all volunteers and employees of Emilie United Methodist Church & Christ 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 & CUMC, 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			

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 2024 unless revoked sooner in writing to Emilie UMC: 7300 New Falls Rd, Levittown PA 19055.