

St. Francis in the Foothills UMC Children and Youth Registration

Childs Name _____

Date of Birth _____ Today's Date _____

Year in School _____

Parent / Guardian _____

Relationship _____

Address _____

City State Zip _____

Home Phone / Cell Phone _____

Email Address _____

Allergies / Medical Conditions / Special Needs / Things we should know

Persons Authorized to pick up your child

Person who cannot pick up your child

PHOTO RELEASE - By checking the line below I hereby authorize and give consent to Saint Francis in the Foothills UMC to use any and all photographs or videos of my child named above for the purposes of public relations or any other purpose related to the mission of Saint Francis. _____

MEDICAL RELEASE - I give permission for my child, named above, to participate in Saint Francis Sunday School activities. I also give permission to the designated adult supervisor to secure emergency medical treatment for the child named above. I also agree to hold Saint Francis in the Foothills UMC and their assignees harmless in the event of an injury or accident. _____