STREETSBORO UMC CHILDREN'S INFORMATION FORM

(Birth through Age 18)

Effective Dates: _____ **to** _____

Name of Child _____ Grade _____

Parent/Guardian's Name(s)

_____

Address:

_____

_____

Email:

_____

Phone/Cell: _____ Birthdate: _____ Age: _____

Additional contact person & phone #

_____

_____ **has** my permission to participate in the following activities sponsored by Streetsboro United Methodist Church (hereinafter referred to as the "Church").

___ Sunday School ___ Children's Choir ___ Nursery ___ Childcare during church functions

___ 4-5-6ers ___ UMYF Other: _____

Where will you be during activity (worship, Sunday school class, small group, etc.) and what is the best way to contact you (cell phone, text, etc.)?

_____

Who has permission to pick up your child?

_____

Child's allergies: _____

Child's special needs: _____

Medical insurance company _____ Policy # _____

Choice of hospital:

_____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian Signature: _____ Date: _____

❑ Check here to give Streetsboro UMC staff permission to use social media or email/text this child/youth regarding program activities.

Occasionally, Streetsboro UMC uses photographs/videos of children/youth in publicity such as newspapers, newsletters, brochures, etc. and on the church websites. **No last names will be used on the internet**. Please check one of the options below and sign underneath:

___ I give permission for Streetsboro UMC to use my child's picture/video in public materials.

___ Please do not include my child's picture/video in any publicity.

Parent/guardian Signature: _____ Date: _____

For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedules
Staying with the group is expected
Respect and participate in planned programs.
Cell phones must stay OFF and OUT OF SIGHT during all youth functions.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____