

2018-2019 PERMISSION and REGISTRATION FORM

PLEASE "WRITE" LEGIBLY

Sierra Vista United Methodist Church



Children's Ministry

Child's **FULL** Name _____ M ___ F ___ Age _____
First Middle Last

Birth date (*mo/day/year*) ___/___/___ T-shirt size ___ () youth () adult Home phone _____

Grade in School **for** 2018-2019 _____ School child attends _____

Mailing Address _____
City State Zip

Father _____ Work No. _____ Cell No. _____

Mother _____ Work No. _____ Cell No. _____

Parents' preferred email address(es) _____

Names & ages of other children in the family: _____

Sierra Vista UMC Members _____ Visitors _____ Other church child attends _____

Which service does the child generally attend? Saturday, 5:30 p.m. ___ Sunday, 8:30 a.m. ___ 11:00 a.m. ___ Varies ___

EMERGENCY CONTACT INFORMATION

Please list an individual other than parents.

Contact #1 _____ Home No. _____ Alt. No. _____

Emergency contact relationship to child? _____

MEDICAL INFORMATION

Medical conditions impacting child's participation (food allergies, asthma, etc.) _____

Medication(s) child is currently taking _____

Medical Insurance Carrier _____ Policy # _____ Preferred Hospital/Clinic _____

Pediatrician _____ Office phone _____

Pediatrician's address _____

PARENT RELEASES

- Medical Treatment:** I hereby authorize the staff or volunteers of Sierra Vista United Methodist Church to obtain medical treatment for my child in the event of an emergency. I release Sierra Vista United Methodist Church, their employees, and volunteers from any claim of liability in connection therewith. _____ **initial**
- Events / Activities:** I grant permission for my child to attend on-site and off-site events, activities, and programs of the Sierra Vista United Methodist Church in which he or she is enrolled. This permission includes bus rides / personal car rides (if needed) to various activities. I will be notified in advance of all activities. _____ **initial**
- Publicity:** I grant permission for my child to be included in Sierra Vista United Methodist Church promotional materials and directories which may include pictures and/or recordings on the SVUMC websites (<http://www.sierravista.org> and <http://svumckids.shutterfly.com/>), Rio Texas Conference publications, and/or newspapers. _____ **initial**
- Social Media:** I grant permission for my child to be included in Sierra Vista United Methodist Church communications via text message, email, Facebook, Instagram and other social/digital media outlets that are used for appropriate ministry related conversations. _____ **initial**

Date _____ Parent's/Legal Guardian's Signature _____