

New Creation Children and Youth Ministries

NCUMC * 1675 Winchester Blvd, Campbell, Ca

Participant's Name

1. Legal Name: _____ Nickname: _____

First and Last Name

Male Female Birthdate: _____ Grade: _____ T-Shirt Size: XS S M L XL XXL
Circle One

Mobile Phone: _____ Email Address: _____

2. Legal Name: _____ Nickname: _____

First and Last Name

Male Female Birthdate: _____ Grade: _____ T-Shirt Size: XS S M L XL XXL
Circle One

Mobile Phone: _____ Email Address: _____

Address: _____

City

State

Zip

Home Phone: _____

***Note:** This form can be used for up to 2 participants who all live at the same address and have all the same emergency & medical info. Please use another form if you have 2 or more participants or any of the info does not match. Thanks!

Emergency Contacts and Guardian/Parent Information

(Under 18 fill out whole section, Over 18 fill out ER contacts only)

1. Guardian's Legal Name: _____ Live w/Participant

First and Last Name

Mobile Phone: _____ Email Address: _____

2. Guardian's Legal Name: _____ Live w/Participant

First and Last Name

Mobile Phone: _____ Email Address: _____

Emergency Contact's Legal Name: _____

First and Last Name

Mobile Phone: _____ Email Address: _____

Address: _____

City

State

Zip

Health Information

Please include a photocopy of your medical insurance card and your prescription card (if applicable)

Doctor's Name: _____ Phone: _____

Doctor's First and Last Name(s)

Medical Insurance Company: _____ Policy: _____

Allergies: _____

Date of Last Tetanus: _____

Medications child/youth is currently taking: _____

To Participate please complete both sides, Extra copies of this form may be obtained from the church office

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Additional Info

If you have additional info such as any medical or other condition we should be aware of, an activity you wish your child/youth to be excluded from, special needs, dietary restrictions, or who can/cannot pick up your child(ren), please attach a note.

Guardian Consent

I/We, _____, the parent(s) or legal guardian(s) of

Guardian or Parent's First and Last Name(s)

_____, a minor(s),

Minor's First and Last Name(s)

and I am informed of the activities offered by New Creation United Methodist Church (NCUMC) located at 1675 Winchester Blvd, Campbell, Ca. As the parent(s) or legal guardians(s) of my child, I hereby consent for my child to attend & participate in all activities provided by this Church, NCUMC! In the unlikely event of an emergency, I do hereby authorize any adult acting on behalf of New Creation United Methodist Church (NCUMC) as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered at the office of a licensed physician or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s), especially in case of emergency, to give specific consent to any such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his or her best judgment may deem advisable. I agree to pay any and all medical costs and other expenses associated with such treatment, including transportation costs. I understand that my medical insurance may be billed for medical charges in the case of illness or injury while participating in any church sponsored activity on or off campus.

Basic Rules

Misconduct may result in transportation home from an activity at parents' or individual (if over 18) expense. Any participant dismissed for a disciplinary reason will not receive a refund of the activity fee. These rules are to ensure their and other's safety. Respect one another, staff and adult leaders, No 2-piece swim suits or Guys Speedos, No lighters, fighting, weapons, fireworks, explosives, No students permitted to drive for events, Respect property, Participation with the group expected, No offensive or immodest clothing, No alcohol, drugs, tobacco, sexual relations, Respect and comply with event schedules/rules, obey state, national, and federal laws. Thanks for helping us provide a safe environment.

Waiver

For promotional or marketing purposes, NCUMC reserves the right to use any audio, video, and/or photography of events facilitated by NCUMC

By signing this document, I acknowledge that if anyone is hurt or property damaged during my minor student's or my own participation in activities, I and/or my student may be found by a court of law to have waived any right to maintain a claim or lawsuit against NCUMC on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document, have read and understood it, and agree to be bound by its terms.

Individual or Parent/Guardian Signature: _____ Date: _____

(If Over 18) (18 and Under)

Review of Form

These forms need to be reviewed each year to ensure the info is correct. If all your info is the same as last time then you can sign and date at the bottom, otherwise please fill another form out.

Initial and Date: _____ Initial and Date: _____ Initial and Date: _____

To Participate please complete both sides, Extra copies of this form may be obtained from the church office