

Main Street Kids Registration 2016-17

Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____

Parents/ Guardian Name _____

Email _____

Cell Phone _____ Work Phone _____

Age _____ Grade _____ T-Shirt Size _____

School _____

Allergies, Medications, or Dietary Restrictions:

Those authorized to pick up my child are
(Must list first/last name & relationship to child)

Field Trip Permission and Photo Release

I, (parent's name) _____, give the Main St. staff permission to take (child's name) _____ on all outings as a participating child of Main Street's Children's Ministry. I understand that I will be informed of upcoming field trips through the Children's Ministry Newsletter or email and posted announcements. I further give my consent for my child to be transported by a Main Street Staff member or designated volunteer to such destinations

Signed _____ Date _____

I also understand that my child may be in photos taken during trips and other daily or weekly activities. I release the use of these photos for Children's Ministry use (including advertising and social media).

Signed _____ Date _____

Medical and Emergency Treatment Information:

Child's Full Name _____

Date of Birth _____

Known Allergies _____

Activity Restrictions _____

Medical Conditions/Disabilities/Chronic or Recurrent Diseases

Medication given on a regular basis _____

In case of an emergency and if parents cannot be reached please designate individuals to be contacted:

Names, Address, and Phone:

1. _____

2. _____

3. _____

Name of Doctors Office and phone:

Health Plan Carrier:

Name Of Insured:

Relationship To Policyholder:

Policyholder/Insurance Id:

Authorization for Emergency Treatment

I hereby release Main Street United Methodist Church staff to render temporary first aid to my child in the event of injury or illness, and if deemed necessary by Main Street Staff to call our doctor and to seek medical help, including transportation by Main Street Staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the said child should Main Street Staff deem this to be necessary. I further agree to be solely responsible for any expenses that may be incurred resulting in such action.

Signed _____ Date _____