

SHORES United Methodist Church
724 Shores Boulevard, St. Augustine, Florida 32086
Children / Youth Registration, Parental Consent & Medical Authorization Form

Child _____ Birthdate _____ Grade in/ Just Completed _____

Parent(s) _____

Address _____

City _____ ST _____ Zip Code _____

Home Phone (_____) _____ Email _____

Mother Work/Cell (_____) _____ Father Work/Cell (_____) _____

School _____

Emergency Contact Name (s) & Numbers _____

Special Needs: Allergies or Physical/Medical Needs: _____

Additional people PERMITTED to pick up my child (relation / phone#)

DURING THE SCHOOL YEAR:

Children Exploring L.I.F.E. Pre K 4-6th Grade; Wed 6:00-7:30 pm

Children's Music/Choir Pre K 4-6th Grade; Wed 5:30- 6:00pm

S.W.A.G. Youth Group 7-12th Grade; Wed 6:00-7:30pm

Other _____

Other _____

SUMMER: Vacation Bible School
July 22-27, 2019 8:45 am-12:15 pm

PARENTAL CONSENT AND MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD
Shores United Methodist Church

As the parent (or legal guardian) of: _____ (Child/Youth Name)

I understand that my child/youth will be participating in a number of activities for the year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities: _____

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. If the Church cannot reach me, then I authorize and I give my consent to the doctor or health-care professional, to provide the medical services he or she may deem necessary.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Signature of Parent or Guardian _____ Date _____