

**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 \_\_\_\_\_

**Photo Permission FOR CHILDREN, YOUTH and ADULTS**

( ) I give permission for still or video pictures of my child to be used for promotional purposes.

( ) I do not give permission for still or video pictures of my child to be used for promotional purposes.

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Signature of **PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH (if under 18 years of age)**

( ) I give permission for still or video pictures of myself to be used for promotional purposes.

( ) I do not give permission for still or video pictures of myself to be used for promotional purposes.

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Signature of **ADULT (if 18 years of age or older)**

**Consent Form for Electronic Communications with Children/Youth**

My child, \_\_\_\_\_ (“Participant”), has my permission to receive communications from Shores UMC’s Director of Children/Youth Ministry/Director of Children’s Choir or other designated leader of specific children’s/youth activities or programs.

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church’s social media accounts, or other electronic means.

**Please note:** By providing the email address and/or cell phone number of a minor Participant, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regards to all group activities in which Participant participates.

Participant’s/Youth/Child e-mail: \_\_\_\_\_

Participant’s/Youth/Child cell phone: \_\_\_\_\_

I do/do not [**circle**] insist that I be copied on all emails.

I do/do not [**circle**] insist that I be copied on all texts or messaging.

I do/do not [**circle**] insist that those permitted to communicate with my child become my friend on Facebook before communicating with my child.

I further understand that Children and Youth Ministries may use the Internet as an aid in teaching lessons during Sunday School, Children’s Church, and other instructional programs. Any computers accessible to Children and Youth have parental controls in place.

I understand it is my responsibility to update the information below if it changes.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Cell Phone:** \_\_\_\_\_

**Parent/Guardian E-Mail:** \_\_\_\_\_

**Parent/Guardian Facebook Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_