

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

Child _____ Birthdate _____ Grade in for 2019/20 School year _____

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 2020: Vacation Bible
School

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.

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.

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: _____