

DUMC Children & Youth Registration

2016-2017

Adult Name _____ Email address _____

Relationship to minor(s) _____ Best phone # _____

Adult Name _____ Email address _____

Relationship to minor(s) _____ Best phone # _____

Address _____

Child/Youth Name(s)	Birthdate	Grade	School

Write name (if more than one) and briefly describe allergies, learning differences, and/or any other pertinent matters:

Photography Permission

I give permission for the above minor(s) to be photographed participating in Davis United Methodist Church events with the understanding that the photos will not be posted beyond the church without additional permission.

Signature of parent/guardian _____ Date _____

Medical Release

In the event of an emergency, if I cannot be contacted, I hereby authorize emergency treatment to be administered.

Physician's Name _____ Phone # _____

Medical Insurance and Policy Number _____

Blood type(s) _____

Emergency contact & relationship to minor _____

Medicine(s) being taken _____

I give permission for the above minor(s) to attend

Children's Choir
 Godly Play
 Youth Group

Signature of parent/guardian _____ Date _____