

# GSUMC Children's Ministry

## Registration and Release Form

Effective June 1, 2008 through May 31, 2009

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

Child's Full Legal Name: \_\_\_\_\_ M/F: \_\_\_\_\_  
(Last) (First) (Middle)

Parent/Legal Guardian's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade *Entering* Fall 2008: \_\_\_\_\_

School: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Would you like to receive the newsletter from Gulf Shores United Methodist Church? \_\_\_\_\_

Child may be released to the following adults (other than Parent/Guardian) by request of Parent/Guardian, with appropriate photo identification, if noted below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency phone of neighbor or relative: \_\_\_\_\_  
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### Insurance Information:

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number (if applicable): \_\_\_\_\_

- Allergies (medicine, food, etc): \_\_\_\_\_
- Medications being taken: \_\_\_\_\_
- Other information re: health or learning needs \_\_\_\_\_

(Please complete back of form.)

# Children's Ministry Registration and Release Form Continued:

- I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, give my permission for him/her to participate in the Children's Ministries with the Gulf Shores United Methodist Church. I also give my consent for the adult leadership/staff, adult helpers, and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for him/her. I agree to assume responsibility for payment of all medical costs incurred.
  
- I hereby authorize the Gulf Shores United Methodist Church to act according to their best judgment in any emergency including medical attention, and I agree to indemnify and hold harmless their officials and employees affiliated with the program from any, against any, and all liability for any injury which may be suffered by my child out of/or in anyway connected with the participation in the Children's Ministries.
  
- My child has my permission to go on field trips that are arranged and supervised by the Gulf Shores United Methodist Church, and I do not hold the Gulf Shores United Methodist Church responsible for lost or stolen personal items.
  
- I give permission for pictures and/or videos to be taken of my child during ministry activities with the Gulf Shores United Methodist Church for promotional purposes.
  
- I understand the Gulf Shores United Methodist Church is a Safe Sanctuaries congregation and will cooperate with and support the Policies for Behavior as established by the Children's Ministry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent /Legal Guardian)

Please return completed form to the church office at:  
 Gulf Shores United Methodist Church  
 1900 Gulf Shores Parkway  
 Gulf Shores, AL 36542  
 Phone: 251-968-2411

<u>FOR USE ONLY ONLY</u> <u>REGISTRATION INFORMATION</u>	
Marvelous Monday 6/16	_____
Marvelous Monday 6/23	_____
The Main Event 6/30	_____
Vacation Bible School 7/14 -7/18	_____
Movie Night 7/30	_____
Milk & Honey Cooking School 8/27	_____

**REVISED 5/28/08**