

Centenary United Methodist Church
United Methodist Youth Fellowship (UMYF)
REGISTRATION FORM

203 East Grove Avenue
Effingham, IL 62401

Phone: 217.342.2030



CENTENARY
United Methodist Church

2020-2021

Youth Name: _____ Birthdate: _____

Youth Cell Phone: _____ Youth Email Address: _____

Address: _____ City: _____ Zip Code: _____

School: _____ Year in School: _____

Father's Name: _____ Phone Number: _____

Email Address: _____

Mother's Name: _____ Phone Number: _____

Email Address: _____

Emergency Contact, if parent cannot be reached: _____

Emergency Contact Phone Number: _____ Relationship to Youth: _____

Insurance Company: _____ Policy #: _____

Name of Insured: _____

Hospital Preference: _____

Physician Name: _____ Phone: _____

Special Health Information:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof:

Allergies: _____

(OVER)

Photo/Video Release: I hereby consent to and give my permission to Centenary United Methodist Church to use my child's picture, voice and likeness in its programs and activities, including the advertisement and promotion of same. **Initial if you DO NOT consent**

Further, the Pastor, Youth Volunteer, or their representative is authorized to seek any and all emergency health care. My child/I have permission to take part in all church activities under supervision unless limitations are noted, and I agree that the church and its personnel will not be held responsible for accidents arising there from. I hereby give permission to the church to provide routine health care, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I either have appropriate insurance or, in its absence, agree to pay all the costs of medical services as may be incurred on my child's/self behalf. I hereby give permission to the church to transport my child to all activities and locations involved in the supervised church activities, and release the transporter of all liability.

Parent or Legal Guardian's Signature

Date