



Holston Conference UMC Youth Ministry Registration & Health Form

To register for any youth event, all of the information on this form is required and must be signed and notarized. In the event of an emergency, we want to be able to get the proper care for the participant, so we must have all of this health information.

A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD MUST BE STAPLED TO THIS FORM

Event(s):

___ Discovery ___ Youth in Mission ___ Jr. High Assembly ___ Sr. High Assembly ___ CCYM

Youth Worker Event(s):

___ FUEL Youth Ministry Institute ___ Sabbath Retreat ___ Adult Volunteer (you must complete a volunteer application)

Participant Full Name: _____ Social Security# _____
Birth Date: _____ Gender: ___ Age: ___ Grade (if summer event, grade completed): _____
Address: _____
City, State, Zip: _____
Church Name: _____ District: _____ Youth Director: _____
Participant Email: _____

Insurance Information

Insurance Company: _____ Policy # _____ ID# _____
Subscriber's Name: _____ DOB: ___/___/___ Social Security# _____
Insurance Claims Address: _____
Pre-Authorization Phone # if required () _____
Participant's Physician: _____ Phone:() _____

Parent Information:

Parent/Guardian/Spouse: _____ Home Phone:() _____
Employer: _____ Work Phone: () _____
Email: _____ Cell Phone:() _____

Emergency Contacts:

Second Parent/Guardian: _____ Home Phone:() _____
Email: _____ Work Phone:() _____ Cell Phone:() _____
Non-Parent Emergency Contact: _____ Phone: _____

Has participant ever had the following? Answer Yes or No. If yes, include the date.

Ear Infections: _____ Chicken Pox: _____ Measles: _____ Mumps: _____ ADD/ADHD: _____
Frequent Headaches: _____ Mumps: _____ Convulsions: ___ Bleeding Disorders: _____ Fainting: _____
Diabetes: _____ Other: _____
Operations: _____ Serious Injuries: _____
Mouth Braces: _____ Sleepwalker: _____ **Date of Last Tetanus Shot:** _____ **Tetanus Booster:** _____

Food Allergies/Special Diet: (any food or medicine allergies)

Does participant have other special considerations?

Chronic problems: _____
Emotional or behavioral problems: _____
Activities limited: _____

Over-The-Counter Medications

___ By checking this box, **I DO NOT** give permission for the participant to receive **ANY** over-the-counter medications.
___ By checking this box, the participant **may have ANY** over-the-counter medication needed for his/her health.
___ By checking this box, the participant **may only be given** the over-the-counter medications that I have listed below. _____

All medications brought to event, both prescription and non-prescription, must be in the original containers and clearly labeled with Participant's name. All prescription medications will be dispensed according to physician's instructions. My child has my permission to take the medication that he/she brought to the event. Signed: _____ Date: _____

Prescription and Routine Medications — Please list all medications brought by participant to be taken regularly throughout the event, listing exact dosage and dispensing orders prescribed by your doctor. Medications must be in original containers.

Medication	Dosage	Times Taken (Breakfast, Lunch, Supper, Bed, Other)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician's signature required if dispensing orders differ from original container's label: _____ Date _____

Departure of participant from event:

Please send a note if your child will be leaving the event early, when they will be leaving, and who will be picking the child up.

This health history is correct so far as I know.

In signing this authorization, I acknowledge that I have read the event description and am aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge the Holston Conference of The United Methodist Church, its affiliated agencies, officers, sponsors, trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of the participant's participation in this event.

The participant has permission to engage in all prescribed event activities except as noted: _____

I hereby give permission to the event staff to provide routine health care, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an event adult leader to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named above.

I give permission for me/my child to be transported in a private vehicle if necessary.

I give permission for photographs taken of me/or my child to be used for Holston Conference UMC publicity, printed or electronic.

Signature of parent/guardian or adult participant: _____

This form may be photocopied for use off of event site. Date _____

----- TO BE COMPLETED BY NOTARY -----

STATE OF _____ **COUNTY OF** _____

I, _____, notary public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of _____

Printed Name: _____

Commission Expires: _____

SEAL:

For Office Use Only:

Event: _____	Date: _____	Paid: _____	Ck #/CC: _____	CCYM: _____
Event: _____	Date: _____	Paid: _____	Ck #/CC: _____	CCYM: _____
Event: _____	Date: _____	Paid: _____	Ck #/CC: _____	CCYM: _____
Event: _____	Date: _____	Paid: _____	Ck #/CC: _____	CCYM: _____