



Goddard Kids / Goddard Youth Registration
ONE form per Child/Youth

School year 2019-2020

Child/Youth full name: _____ Grade _____ DOB _____

Nicknames _____ Circle One: Male Female

Address: _____ City, State, Zip _____

Child/Youth School: _____ Home Phone # _____ Parent e-mail: _____

Parent/Guardian(s) Name: _____ Cell #: _____ Work #: _____ Text: Yes No

Parent/Guardian(s) Name: _____ Cell #: _____ Work #: _____ Text: Yes No

Sibling _____ Grade/Age _____ Sibling _____ Grade/Age _____ Sibling _____ Grade/Age _____

Emergency Contact Information: (Other than Parent/Guardians listed above)

1. Name: _____ Relationship to Child/Youth: _____ Phone # _____

2. Name: _____ Relationship to Child/Youth: _____ Phone # _____

Children/Youth must be picked up by a parent, guardian, or an approved person. Please enter the church building to pick up your child/youth. Youth of appropriate driving age may transport themselves. Younger siblings may be transported by Youth of appropriate driving age with parent permission below. Name all other adults who are authorized to take child from church:

_____	_____	_____	_____
Youth Driver Name	Adult Name	Relationship	Adult Name
			Relationship

Medical Information

Child/Youth physician or emergency treatment facility: _____ Phone # _____

Address: _____ City, State, Zip _____

Does your child have any allergies, chronic ailments, or special needs: (PLEASE List any emergency medications i.e. Inhaler):

Parental Consent, Media Release, and Authorization for Emergency Care to a Minor

I/We, the undersigned, parent(s) or legal guardian of the minor listed below:

Child/Youth Full Name: _____

Parental Consent

Do hereby give permission for our/my child/youth to ride in any vehicle driven by an approved licensed (21 years or older) chaperone while attending and participating in the activities sponsored by Goddard UMC. Our/my child and I understand that, without exception, **SEAT BELTS SHALL BE WORN AT ALL TIMES.**

Media Release

I/We do allow Goddard UMC to take and/or use photographs, voice, video, or digital tape of our/my child/youth.

Medical Release

I/We understand that said minor should not attend activities when knowingly ill or recently exposed to a contagious disease. If said minor becomes ill or injured while in the care or under the supervision of Goddard UMC, I authorize said minor to receive first aid and emergency care. I do hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any licensed physician or dental and/or hospital service that may be rendered to said minor under the general, specific or special consent of the Goddard UMC staff or volunteer, the temporary custodian of said minor. I/We authorize the physician or dentist to call in any necessary consultant at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of said minor, and said physician or dentist, to exercise his/her best judgment as to requirements of such diagnosis or the medical, dental, or surgical treatment. The undersigned shall be liable and agree to pay all cost and expenses incurred in connection with such medical and dental services rendered.

I have read the Parental Consent, Media Release, and Authorization for Emergency Care to a Minor and give consent for my child/youth.

Parent/Guardian Name

Print

Signature

Date



Church Transportation

Transportation by a Goddard UMC van/bus is available for the following schools: **Ballman, Trusty, and Fairview Elementary Schools, and Ramsey Junior High.**

Please check a box

I would like Goddard United Methodist Church to transport my child / youth from school to the church for Goddard Kids/Goddard Youth activities during the school year 2019 – 2020.

I will transport my child/youth to Goddard United Methodist Church for Goddard Kids/Goddard Youth activities.

Parental Consent

Do hereby give permission for our/my child/youth to ride in any vehicle driven by an approved licensed (21 years or older) chaperone while attending and participating in the activities sponsored by Goddard UMC. Our/my child/youth and I understand that, without exception, **SEAT BELTS SHALL BE WORN AT ALL TIMES.**

Parent/Guardian Signature

Date

Child/Youth Name

Child/Youth School