

ALDERSGATE UNITED METHODIST CHURCH
Sunday School Registration
September 2021 - August 2022

Please print clearly....

Name of Child _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary
Address _____			
City _____, CA	Zip Code _____		
Name of Parent(s)/Guardian(s) _____			
Phone #s _____			
Date of Birth _____	Grade in Fall 2021 _____		
Parent(s) Email Address _____			
Student's Email Address _____	Student's phone _____		
Food Allergies _____			
Participation Policy			
All children are welcome to participate in Sunday School during Worship Service. However, if a student is uninterested in participating or becomes disruptive to the other students' participation the student will be asked to join the regular Worship Service.			

<p>Photo Release: I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings in which my child/dependent appears may be used by Aldersgate United Methodist Church for public relations and publicity purposes. I understand that such items shall be the property of Aldersgate United Methodist Church.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Parent Signature: _____

Date: _____

ALDRSGATE UNITED METHODIST CHURCH
Youth Registration/Medical Waiver/Authorization
September 2021- August 2022

Please print clearly....

Name of Youth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Address _____	
City _____, CA	Zip Code _____
Name of Parent(s)/Guardian(s) _____	
Phone #s _____	
Date of Birth _____	Grade in Fall 2021 _____
Youth Email Address _____	Youth phone _____
Parent(s) Email Address _____	

Please state any allergies, medications, restrictions or any special accommodations:

List all allergies to medication(s): _____

Doctor's name: _____

Telephone _____

Health Insurance Company: _____

Policy/ID # _____

Name of a friend or relative to call in case you cannot be reached:

Name: _____

Relationship: _____

Phone: _____

Permission for Care/Treatment of Minor

As the parent/guardian of _____, I hereby grant permission and empower the staff of Aldersgate United Methodist Church (AUMC), its pastor, staff, or counselors, to make any necessary decisions involving the above said minor in cases of emergency. In no event will the United Methodist Church, or AUMC, its pastor, staff, or counselors be held liable for any first aid rendered, or treatment, drugs, medicine, or surgical procedures performed, pursuant to this consent. In said case, the parent/guardian will be responsible for any expenses incurred for any procedures performed. In the event of an emergency, every effort will be made to contact the parent/guardian before any medical service is rendered, aside from the administration of general first aid.

This Medical Release/Authorization is in effect Sept. 1, 2021 to Aug. 31, 2022.

Photo Release: I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings in which my child/dependent appears may be used by Aldersgate United Methodist Church for public relations and publicity purposes. I understand that such items shall be the property of Aldersgate United Methodist Church.

Yes No

SIGNED _____

DATE _____

ALDERSGATE UNITED METHODIST CHURCH
Field Trip Permission
Sept. 1, 2021 to Aug. 31, 2022

_____ has my permission to attend all Aldersgate United Methodist Youth activities and field trips.

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students, but that no amount of precaution taken by the AUMC staff and adult volunteers can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense. It is further understood that the above-named student may travel by automobiles operated by AUMC staff, adult volunteers, or other licensed drivers.

I understand that I hold AUMC , harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity.

This permission is in effect Sept. 1, 2021 to Aug. 31, 2022.

Parent signature

Date