



# Western North Carolina Conference

The United Methodist Church

## REGISTRATION AND RELEASE MADISON UNITED METHODIST CHURCH

Each person (child, youth or vulnerable adult) attending off-site or overnight events with Madison UMC must complete this form and attach a copy of your medical insurance card. Please type or print legibly. Children and youth under the age of 18 must obtain permission from a parent/guardian. When completed, submit this form to the Church Office. If you have questions, contact Wendy Biggs at [mumcnc@gmail.com](mailto:mumcnc@gmail.com) or (336) 548-6658.

### ATTENDEE INFORMATION:

Name you go by: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Select One:  Male  Female

### BEHAVIOR STATEMENT:

I understand this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by event staff or adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco (if a minor), nor alcohol or illegal drugs. I will not bring weapons of any sort. I will attend all sessions of the event. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better. I will observe the curfew set by my leaders. I will wear appropriate clothing. I recognize that willful failure to comply with instructions can cause serious problems and, upon consultation with staff, may result in immediate contact of a parent/guardian to make arrangements for me to be returned home at my expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. (My parent/guardian and) I understand violation of the guidelines may result in my being sent home.

### MEDIA RELEASE:

Madison UMC reserves the right to use any photograph or video taken at any church-sponsored event, without the expressed written permission of those included within the photograph or video. Madison UMC may use the photograph or video in media produced, used or contracted by Madison UMC including but not limited to: brochures, e-newsletters, books, press releases, magazines, television, websites, etc.

### EMERGENCY MEDICAL CARE PERMISSION:

In the event that the person named above suffers any illness or accident requiring emergency hospitalization while at this Madison UMC event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests and treatment for the health of the above named.

I realize that every effort will be made to contact me and/or the emergency contact named on this form. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold Madison UMC nor any other organization/facility/staff associated with this event responsible in the event of accident, loss, or death.

I give permission for medical personnel on site to administer over-the-counter medications listed on the reverse of this form.

### SIGNATURES:

I hereby agree to the above behavior statement, media release and emergency medical care permission.

Signature of attendee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian, if attendee is under the age of 18:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_



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### EMERGENCY CONTACT:

You must attach a copy of insurance card.

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

### INSURANCE INFORMATION:

Medical Insurance Provider: \_\_\_\_\_

Name on Policy: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### MEDICAL INFORMATION:

Special Medical or Dietary Needs: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Limitations: \_\_\_\_\_

All Current Medications: \_\_\_\_\_

The following over-the-counter medications are permitted to be administered to the attendee:

Aspirin    Tylenol    Ibuprofen    Neosporin    Hydrocortisone    Benadryl    Cold and Cough

Other: \_\_\_\_\_

### ADDITIONAL LEADER/VOLUNTEER INFORMATION:

Have you participated in Safe Sanctuaries training within the past 12 months?    Yes    No

Has the church conducted a national background check for you?    Yes    No

*The church will verify this information with our Safe Sanctuaries records.*