



**WESLEY UNITED METHODIST
CHURCH
CHILDREN and YOUTH MINISTRIES**

130 W 3rd St – Bloomsburg PA 17815

570.784.1407

2017-2018 Registration Form

G.L.O.W., Sunday school, and other church related activities

Participant Name: _____

Participant Address: _____

Birthdate: _____ Age: _____ Sex: _____

School: _____ Grade/Year in School: _____

Youth/Child's Contact Information:

Email address: _____

Cell Phone Number: _____ Home Phone Number: _____

How would you prefer to be contacted? (check which one is preferred)

____ email ____ cell phone text ____ social media (____ Facebook; ____ Instagram)

Family Contact Information (in order of contact):

#1 Guardians Name: _____ Relationship: _____

Address: _____

Email address: _____

Cell Phone Number: _____ Home Phone Number: _____

#2 Guardians Name: _____ Relationship: _____

Address: _____

Email address: _____

Cell Phone Number: _____ Home Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Cell Phone Number: _____ Home Phone Number: _____

Consent to use images:

Pictures and videos are occasionally taken of people participating in G.L.O.W. activities and events as well as Sunday school. Please indicate by signing your initials below if Wesley United Methodist Church MAY NOT use pictures of your youth/child in Wesley UMC publications, on the Wesley website (www.wesleybloom.org) or on Wesley’s Facebook page.

_____, No, you may not use my child’s picture in newsletters.

_____, No, you may not use my child’s picture on the website.

_____, No, you may not use my child’s picture on Wesley’s Facebook page.

Allergies/medical information (medications) or other concerns that we should be aware of (especially related to snacks or food provided):

Non-prescription Medications Approval:

I do hereby authorize the adult leaders of Wesley UMC to give non-prescription medications (i.e. Aspirin, Tylenol, Motrin, etc.) to my youth/child if it is deemed necessary. (if not signed we will only give meds after contacting you first) Parent/Guardian Initials _____

Medical Care:

In the event we (I) cannot be reached, at one of the phone numbers listed above, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any medical or dental diagnosis and/or treatment and hospital care (including but not limited to: ambulance and/or paramedic service, x-ray, examination, anesthetic, surgery) to be rendered to our (my) child.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Further, the participant agrees to abide by the covenant (rules for safety) including but not limited to refraining in engagement in any unhealthy behaviors such as drug or alcohol use.

Health Insurance Provider: _____

Group Number: _____ Policy Number: _____

Preferred Hospital: _____

Parent/Guardian name:

Parent/Guardian signature:

Youth/Participant name:

Youth/Participant signature:

Date of signatures: _____