



# ELEVATION - Rosemount UMC Youth Registration, Medical Release & Permission

Effective dates: **September 2011 to September 2012**

Name: \_\_\_\_\_ Please circle one: Male or Female  
Age \_\_\_\_\_ Birthday \_\_\_\_\_ Year in School \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Family Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

### Medical Information/History:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

### Check the following areas of concern for this student. If necessary, add another page with details:

1.. Does your child have allergies?  Yes  No  
If Yes, please list: \_\_\_\_\_

2. Help us understand your daughters/sons needs (disabilities, injuries, health issues, etc.) Circle all that apply:  
Physical Disability ADD ADHD Aspergers Autism EBD ODD RAD OCD Eating Disorder  
Anxiety/Depression Learning Disability Allergies Asthma Genetic Syndrome(e.g. Down Syndrome)

3. Date of last tetanus shot: \_\_\_\_\_

4. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_  
\_\_\_\_\_

5. Direction for medications if needed: \_\_\_\_\_

6. Should this child's activities be restricted for any reason?  Yes  No  
If yes, please explain: \_\_\_\_\_

7. Is there anything else we need to know about the child?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**(over please)**

**Consent Information:**

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by **ROSEMOUNT UNITED METHODIST CHURCH** (hereinafter the "Church") from: September 2011 to September 2012.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rosemount UMC Youth - YOUTH REFUND POLICY**

*The RUMC Youth Program Refund Policy is in place to assure that commitments are made and funds are available for participation in youth events. Once reservations are made, the Youth Program is responsible for deposits and final payments based on the number of reservations made.*

**MISSION TRIPS** – To reserve a place on a Mission Trip, Middle School or Sr. High students must pay a *non-refundable* deposit of 50% of the total cost of the trip by the date indicated by the Youth Director. If the deposit is not paid by this date, a spot on the trip will not be reserved. The deposit must be accompanied by the completed parent permission form. The balance or remaining 50% will need to be paid 30 days before the start of the event. Scholarships will be available upon request. Any additional payments thereafter are non-refundable.

**EVENTS** – Retreats, overnights, etc... All events excluding the Mission Trips will require a 50% non refundable deposit to be paid by the date indicated by the Youth Director. If the deposit is not paid by this date, a spot for the event will not be reserved. The deposit *must* be accompanied by the completed parent permission form. The balance or remaining 50% will need to be paid 7 days before the start of the event and this balance is non-refundable. Scholarships will be available upon request. Any additional payments thereafter are non-refundable.



**Student Information**  
**2011-2012**

Your Name: \_\_\_\_\_

Nick name or preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # with area code \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Lunch Time: \_\_\_\_\_

Do you attend church regularly?  Yes  No If yes, which church? \_\_\_\_\_

How often do you read your bible?  Seldom  Often  Daily  Don't have one

If you don't have a Bible would you like us to get one to you?  Yes  No

Do you work?  Yes  No If yes, where? \_\_\_\_\_

Do you have a driver's license?  Yes  No Do you have a car?  Yes  No

What teams are you on at school or in the community?

\_\_\_\_\_  
\_\_\_\_\_

What groups or organizations do you participate in at school or in the community? \_\_\_\_\_

\_\_\_\_\_

Do you play an instrument(s)?  Yes  No If yes, what do you play? \_\_\_\_\_

Who are your three best friends? \_\_\_\_\_

What are your three favorite movies or TV shows? \_\_\_\_\_

\_\_\_\_\_

What are your three favorite bands and/or performers? \_\_\_\_\_

\_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

What are your favorite hobbies? \_\_\_\_\_

What are your favorite magazines or books? \_\_\_\_\_

What other interests do you have? \_\_\_\_\_