

Registration Form

Young People's Ministry Event Registration Form

ALL PARTICIPANTS BOTH YOUTH AND ADULT must submit a completed form for the first event attended during the ministry year. This information will be entered into a secure database at the Tennessee Conference Office and utilized as needed for health and registration information. Your information will not be given or sold to another party for use of any kind.

The Group Registration Form should accompany all group registrations.

A completed form only needs to be submitted one time per year unless health or insurance information changes.

Please Print or Type Clearly

Today's Date _____

Event You Are Registering For: _____

District (circle one)

CL (Clarksville) CO (Columbia) CK (Cookeville) PU (Pulaski)
CU (Cumberland) MU (Murfreesboro) NA (Nashville)

Participant Full Name: _____ **Email:** _____

Address: _____

City, State, Zip Code: _____

PHONE - Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Church Name: _____ **City/State:** _____

Pastor: _____ **Youth Minister:** _____

If non-Tennessee Conference UMC, name of other Conference, Denomination or Religious

Affiliation: _____

School (Currently attending): _____

DOB: _____ **Age:** _____ **Current Grade Level:** _____ **Gender:** _____ **Race:** _____

T-Shirt Size: S M L XL XXL **Other:** _____

If under age 18, Parent or Guardian of Registrant:

Name(s): _____

Parent Signature: _____

Address if different from above: _____

City, State, Zip Code if different from above: _____

Phone: Day (_____) _____ Evening: (_____) _____

Cell: (_____) _____ Email: _____

COMPLETE THE BOTH PAGES, PLEASE

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Participant Full Name: _____

Please Select Yes or No

YES ---- NO: Photographs of this youth may be used for promotional purposes by the Tennessee Conference Young People's Ministries. At no time will their name, address, or church be identified unless specifically notified.

Special needs, i.e. physical, dietary, etc: _____

MEDICAL INFORMATION FORM

Name of Registrant: _____

Full Address: _____

Emergency Contact & Phone: _____

Health Insurance Provider: _____ Group Policy #: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Allergies (food, nature, medicine): _____

List Medications required during event

NAME OF MEDICATION	DOSAGE/DELIVERY	REASON TAKING

Medications will be kept in a secure location under the guidance of participants church youth ministry leadership. If the participant is not a part of a group, the event director will administer.

Y N - I give permission for my child to be given Tylenol, laxative, or other minor medication as needed.

Describe any behavioral or emotional problems that your child has that may effect their stay at camp or event.

I understand that all reasonable safety precautions will be taken at all times by the Young People's Ministries of the Tennessee Conference Event Staff. I have completed the information to the best of my knowledge. In giving my child permission to attend this event indicated, I release the United Methodist Church, Tennessee Conference, leaders and event staff from liability for damages, losses, disease, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted. I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

Parent/Guardian Signature: _____ **Date:** _____

Witness Signature : _____ **Date:** _____