

Revised 2023

STK FUMC HEALTH & REGISTRATION FORM



Student Name (First, Middle, Last) _____

Birthdate _____ Gender _____

Sibling(s)' Names _____

Mother's Name _____ Employer _____

Father's Name _____ Employer _____

Student lives primarily with: Both parents Mother Father Other _____

Home Address _____

City _____ State _____ Zip _____

Mother Cell _____ Mother Work _____

Father Cell _____ Father Work _____

Primary Email: _____

Student's Grade as of September 1, 2023 _____ School _____

Physician _____

Medical Insurance Company _____ Policy # _____

Known Allergies? _____

Physical Limitations or other Health Information (may include swimming ability)?

I _____ give my consent and permission for the taking of photographs and/or video of me (or my child) during the events and give permission for photographs to videos to be used to church's discretion.

I _____ give my consent for STK FUMC social media ministry accounts and the volunteers to follow me (or my child) on social media platforms. This will be used for special events, weekly activities, important announcements, and over all communications within ministries.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Starkville FUMC of any liability against personal losses of the named child. Please read and sign below.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for them to attend events being organized by Starkville FUMC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Starkville FUMC, 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 they are injured and require 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 Starkville FUMC, 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 a Starkville FUMC staff member.

_____ **Guardian Signature**