



HEALTH & REGISTRATION FORM

Student Name (First, Middle, Last) _____

Birthday (m/d/y) _____ 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 _____

Home Phone _____

Mother Cell _____ Mother Work _____

Father Cell _____ Father Work _____

Mother's Email _____

Father's Email _____

Student's Grade as of September 1, 2021 _____ School _____

Physician _____ Office Phone _____

Medical Insurance Company _____ Policy # _____

Date of last Tetanus shot _____

Known Allergies? _____

Physical Limitations (may include swimming ability)? _____

Other Pertinent Health Information? _____

Yes / No **(Circle One)** I give Starkville FUMC permission to use photographs and video of my child for both in-house and publicity purposes.

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.

Parent/Guardian Signature

Date