

**Pittman Park United Methodist Church  
Youth and Children's Event Registration**

**Conduct Agreement**

I agree that my child or youth will abide by the rules as set forth by the program staff, chaperones, and counselors of Pittman Park United Methodist Church, as well as any additional rules made by program staff, chaperones, and chaperones associated with Pittman Park United Methodist Church. In the event that my child, disregards the rules set forth by the program staff, chaperones, or counselors of Pittman Park United Methodist Church, he or she will be subject to removal from this event.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree to follow all rules and schedules set forth by the program staff, chaperones, and counselors of Pittman Park United Methodist Church. I also understand that if I fail to follow these rules, that I will be asked to leave this Pittman Park United Methodist Church sponsored event.

Youth/Child Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release Agreement**

I give permission for \_\_\_\_\_ to participate in this Pittman Park United Methodist Church sponsored event. I understand that all youth and children's events may involve certain risks of physical activity and possible injury and that Pittman Park United Methodist Church, its program staff, and volunteers will provide each participant with reasonable care, but that Pittman Park United Methodist Church cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in this activity and ASSUME THE RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Pittman Park United Methodist Church, and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in this Pittman Park United Methodist Church sponsored event. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

In the event that \_\_\_\_\_ becomes ill or is injured during participation in this Pittman Park United Methodist Church sponsored event my signature indicates my permission for him/her to be treated by a physician, hospital and/or medical clinic.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*This form must be signed by a parent or guardian.*

**Pittman Park United Methodist Church  
Children's and Youth Medical Release Form**

Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent or Guardian Information**

Please include area code with all telephone numbers

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Next of kin or other responsible adult**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Work # \_\_\_\_\_

**Health Insurance Information**

*Please fill in the information below and attach a clear photocopy of your health insurance card.*

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Agent \_\_\_\_\_ Work # \_\_\_\_\_

**Health Information**

Allergies \_\_\_\_\_  
\_\_\_\_\_

Recent Illness or injuries \_\_\_\_\_

Medications you will be bringing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other health conditions which we need to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_