



Western North Carolina Conference

The United Methodist Church

SAMPLE EVENT REGISTRATION & RELEASE FORM

Each person (of any age) attending off-site or overnight events with [church name] must complete this form and attach a copy of your medical insurance card. Please type or print legibly. Children and youth under the age of 18 must obtain permission from a parent/guardian. When completed, submit this form to [person/location]. If you have questions, contact [person] at [phone and e-mail address].

ATTENDEE INFORMATION:

Name you go by: _____ Last Name: _____

Address: _____ City, State & Zip: _____

E-Mail Address: _____ Phone Number: _____

Date of Birth: _____ Select One: Male Female

BEHAVIOR STATEMENT:

I understand this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by event staff or adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco (if a minor), nor alcohol or illegal drugs. I will not bring weapons of any sort. I will attend all sessions of the event. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better. I will observe the curfew set by my leaders. I will wear appropriate clothing. I recognize that willful failure to comply with instructions can cause serious problems and, upon consultation with staff, may result in immediate contact of a parent/guardian to make arrangements for me to be returned home at my expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. (My parent/guardian and) I understand violation of the guidelines may result in my being sent home.

MEDIA RELEASE:

[Church name] reserves the right to use any photograph or video taken at any church-sponsored event, without the expressed written permission of those included within the photograph or video. [Church name] may use the photograph or video in media produced, used or contracted by [church name] including but not limited to: brochures, e-newsletters, books, press releases, magazines, television, websites, etc.

EMERGENCY MEDICAL CARE PERMISSION:

In the event that the person named above suffers any illness or accident requiring emergency hospitalization while at this [church name] event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests and treatment for the health of the above named.

I realize that every effort will be made to contact me and/or the emergency contact named on this form. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold [church name] nor any other organization/facility/staff associated with this event responsible in the event of accident, loss, or death.

I give permission for medical personnel on site to administer over-the-counter medications listed on the reverse of this form.

SIGNATURES:

I hereby agree to the above behavior statement, media release and emergency medical care permission.

Signature of attendee: _____ Date: _____

Signature of parent/guardian, if attendee is under the age of 18:

Parent/Guardian: _____ Date: _____

Parent/Guardian Work Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian E-Mail Address: _____



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EMERGENCY CONTACT:

You must attach a copy of insurance card.

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Primary Phone Number: _____ Secondary Phone Number: _____

INSURANCE INFORMATION:

Medical Insurance Provider: _____

Name on Policy: _____ Relationship: _____

Policy Number: _____

MEDICAL INFORMATION:

Special Medical or Dietary Needs: _____

Known Allergies: _____

Limitations: _____

All Current Medications: _____

The following over-the-counter medications are permitted to be administered to the attendee:

Aspirin Tylenol Ibuprofen Neosporin Hydrocortisone Benadryl Cold and Cough

Other: _____

ADDITIONAL LEADER/VOLUNTEER INFORMATION:

Have you participated in Safe Sanctuaries training within the past 12 months? Yes No

Has the church conducted a national background check for you? Yes No

The church will verify this information with our Safe Sanctuaries records.