



St John's MC Child/Youth Registration Form

Child's name	Gender	Birthdate	Grade completed
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Street Address	City	State	Zip Code
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Father's Name	Phone	Email
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Mother's name	Phone	Email
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Allergies?

Name of emergency contact <i>other than parent</i>	Relationship	Phone
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Consent I am the parent or legal guardian of the child listed above and am informed of the activities offered by St. John's Methodist Church located at 104 Newberry Street, NW, Aiken, SC 29801. I hereby consent for my child to attend and participate in this activity provided by St John's.

Medical Release

I authorize St John's to provide emergency treatment in the event I cannot be contacted. I recognize that participation in St John's activities may expose my child to some risk of injury. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon for my child.

I agree to hold St John's harmless from any claims for damage to any property or persons which may occur through participation in any activity at St John's, or in any of its programs. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Child's primary care physician _____ Phone _____

Name of medical insurance provider _____ Phone _____

Medical Insurance Policy# _____ Group# _____

Media Release Permission is hereby given for the staff and volunteers of St John's to photograph, videotape, or otherwise record my child for any in-house production or promotion including but not limited to brochures, websites, videos and social media.

Parent signature	Date
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