

2012 OBUMC STUDENT MINISTRIES REGISTRATION FORM

Old Bethel United Methodist Church
7995 E 21st Street
Indianapolis, IN 46219
facebook.com/oldbethelyouth
www.oldbethel.org
(317) 359-9651

STUDENT INFO:

Name: _____
Home Phone Number: _____ Cell Number: _____ Can We Text You? Y/N
Email: _____ Facebook/Twitter? _____
Birthday: _____ Grade: _____ School: _____
Home Address: _____
Allergies: _____ Health Issues: _____

PARENT/GUARDIAN INFO:

Parent/Guardian's Name: _____
Relationship to Student: _____
Home Phone Number: _____ Cell Number: _____ Can We Text You? Y/N
Email: _____ Facebook/Twitter? _____
Address if Different From Above: _____

EMERGENCY CONTACT INFO:

Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone Number: _____	Home Phone Number: _____
Cell Number: _____	Cell Number: _____

EMERGENCY RELEASE & PERMISSION TO SEEK MEDICAL CARE:

If a medical emergency should arise while my student is in the care of OBUMC and I cannot be reached, I consent and give permission to the Director of Student Ministries or representative youth leader to select a physician and/or hospital for care. I also give the physician and/or hospital, as selected by the Director or representative youth leader, my permission to hospitalize, treat, give x-rays, test, order injections, anesthesia, or provide surgery for my student who is named herein. I do release, acquit, discharge, and covenant to hold harmless OBUMC, the Director, other youth leaders, or any other associated churches of any and all actions, damages, or liabilities arising out of the treatment of any sickness, or accident incurred by my said child.

If the person herein named above is of the legal adult age of 18, they are legally able to sign for themselves if it is so desired.

SIGNATURE OF PARENT/GUARDIAN:
AND/OR SIGNATURE OF PERSON ATTENDING IF LEGAL AGE 18):

DATE: _____

SOCIAL MEDIA AND PICTURE RELEASE

I give OBUMC, its staff and volunteers permission to use my student's photograph on OBUMCs websites, social media sites (facebook/twitter) and printed publications (newsletters/brochures/marketing materials) Y/N

I give permission for OBUMC staff/volunteers to "friend" my child on Facebook Y/N

I give permission for you to add my child to the OBUMC Facebook Group Y/N

SIGNATURE OF PARENT/GUARDIAN:
AND/OR SIGNATURE OF PERSON ATTENDING IF LEGAL AGE 18):

DATE: _____