

Oak Forest United Methodist Church Registration and Permission Form

Children's Ministry

Personal Contact Details Parent/Guardian _____

Name of Child: _____ Date of Birth _____

Name of Child: _____ Date of Birth _____

Name of Child: _____ Date of Birth _____

Address: _____

Phone: _____ E-mail: _____

Please list any physical or special needs: (eg. Dietary requirements)

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

Please give name of other persons who you authorize to collect your child/ren in your absence, while in the care of the above-named group:

1. _____ 2. _____

Are there any family situations we should be aware of? Eg: custodial issues, other matters
(please specify)

Permission to Participate in Program Activities

I consent to my child taking part in the approved program of activities for Oak Forest UMC

Signed _____ Date _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____ Date _____

I authorize the leader/s in charge of the above-mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities Oak Forest UMC.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of

Parent/Guardian: _____ Name: _____ Date _____