



First United Methodist Church

2490 West State Road

West Branch, MI 48661

989-345-0210

Rev. Lisa Cook, Pastor

Theresa Snider, Youth Director

2011/2012 Youth Group Registration

Registration:

Name of Youth	Date of Birth	Grade	Any allergies or special needs

Address _____ City _____ Phone _____

Contact Information:

NAME	HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
Mother				
Father				
Emergency				
Emergency				

Permission: The undersigned parent/guardian hereby give permission for the above listed child(ren) to take part in all activities and off-site trips sponsored by First United Methodist Church (FUMC) of West Branch, excepted if otherwise noted below. I understand that parent(s)/guardians will be notified in advance (via newsletter, Sunday bulletin, posted flyers and/or by email) of any off-site trips and/or overnight activities. If I disapprove of any activity or trip sponsored by the church youth group, it will be my responsibility to assure that the above listed child(ren) does not attend. This permission slip will be in effect at any time the above-listed child(ren) are in attendance of an activity sponsored by FUMC of West Branch, whether that activity is at the church or off-site.

Designated Meeting Place: FUMC, 2490 West State Road, West Branch, MI 48661

Director: Theresa Snider, Youth Director at First United Methodist Church, will serve as the overall director of youth group programs. Questions or concerns may be addressed to her at 989-345-0210. Adult and teen volunteers must be authorized by the Youth Director to assist with program leadership.

Agreements:

- **Transportation:** I authorize the above listed child(ren) to walk with a chaperoned group within the vicinity of the church and to ride in any vehicle driven by an approved FUMC employee or volunteer.
- **Photo Release:** I authorize video images and photographs taken of my child(ren) while they are attending an FUMC activity to be used, distributed, published or shown within and/or outside the church.
- **Emergency Treatment:** I authorize any emergency health care or treatment that is deemed necessary by the adult in charge for the above listed child(ren) during any activity or trip sponsored by FUMC. I understand that safety precautions will be taken by FUMC and its employees and volunteers during all activities and

trips. However, I understand that the possibility exists for injuries, unforeseen hazards and inherent risk. I agree not to hold First United Methodist Church of West Branch, its employees, members and/or volunteers liable for, and I release them from, any damages, losses, diseases, or injuries incurred by the above listed child(ren).

Exceptions/Restrictions to Agreements:

Participant Release Policy:

1. **All persons picking up student(s) will be required to sign them out in the program log book.** An adult leader will make sure the participant leaves with a person listed on this form.
2. If an unauthorized person appears to escort the participant home, telephone contact with the parent/guardian will be attempted. If unable to contact parent/guardian, the youth director or adult volunteer may attempt to reach other listed contacts. Verbal authorization (via telephone) from parent/guardian for another adult transporter is acceptable; however written authorization is preferred. A note arriving with transporter, signed by parent/guardian, is acceptable, provided the signature matches handwriting below.
3. Photo identification or verbal description may be required to confirm the identity of the transporter.
4. If participant is taken from the grounds without proper authorization, the youth director or designee will immediately call the local sheriff's department and report the incident.

Participant Release Information:

1. Persons who will be picking up the participant(s):

Transporter Name	Relationship to Student	Phone

2. Specific person(s) to whom the participant(s) must NOT be released:

Signature

By signing this registration form, I confirm that I agree with all provisions on both pages, except those noted above under "Exceptions/Restrictions." I certify that I am the parent or legal guardian of the student) listed on page 1.

Parent/Guardian Signature _____ **Date** _____

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