

Appendix A to Safe Sanctuary Policy
Trinity Church-United Methodist
Registration for All TCUM Activities for Children and Youth
Parental/Legal Guardian Release Form

Participant(s) Child/Youth #1: _____ Birthdate: _____ Grade: _____
Child/Youth #2: _____ Birthdate: _____ Grade: _____
Child/Youth #3: _____ Birthdate: _____ Grade: _____
Child/Youth #4: _____ Birthdate: _____ Grade: _____
Child/Youth #5: _____ Birthdate: _____ Grade: _____
Child/Youth #6: _____ Birthdate: _____ Grade: _____

Parent or Guardian: _____

Home e-mail address: _____

Work e-mail address: _____

Home address: _____

Phone numbers: Primary Cell _____ Alternate Cell _____

Work _____ Landline _____

Trinity Church-United Methodist School Year 2019-2020

This form is to insure informed parent/guardian consent for activity or activities sponsored by Trinity Church-United Methodist (TCUM). In an emergency we will make every effort to contact the parent(s) or guardian(s) named above first. If we cannot reach parent(s)/guardian(s), we will reach out to additional emergency contact listed below:

Additional Emergency Contacts:

Name: _____ Relationship to Participant: _____

Cell Phone: _____ Landline Phone: _____ Other Phone: _____

Address: _____

Name: _____ Relationship to Participant: _____

Cell Phone: _____ Landline Phone: _____ Other Phone: _____

Address: _____

Who, besides parent/guardian, is authorized to pick up your child(ren)/youth from any church activities?

Name: _____

Phone: _____

List all persons who should not be allowed to pick up your child(ren)/youth from church activities:

Health Information	Child/Youth #1	Child/Youth #2	Child/Youth #3	Child/Youth #4	Child/Youth #5	Child/Youth #6
Name:						
Allergies/health concern/needs: *** see additional info below:						
Medication(s) child/youth can NOT take:						
Special dietary needs:						
Medical History that should be noted:						
Changes to medical: (note date)						

*****Additional Health or behavioral questions**

1. My child/youth’s behavior may indicate a medical problem requiring immediate attention. Please describe symptoms, behaviors, and actions that should be taken

2. My child/youth may require additional assistance with: _____
3. My child/youth is uncomfortable with or has aversions to (ex. Loud noises, dark rooms)

4. A trigger point that could produce a meltdown for my child/youth is:

5. If my child/youth experiences a meltdown, he or she calms when:

6. Special equipment/items that can help soothe (ex. Special toy, blanket, pacifier):

7. My preschool aged child wears a ‘pull-up diaper.’ ____ Please call me from worship if assistance is needed.

Permissions/Signatures

I, the undersigned parent or guardian, do hereby give my permission for my child(ren)/youth, named in this registration form, to participate in TCUM activities. I hereby release and discharge program leaders, TCUM, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my child's/youth's participation in this activity or activities. I understand and acknowledge that by participating in this activity, there is the possibility of illness or injury and that my child(ren)/youth is/are assuming the risk for such illness or injury by his/her participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Parent/Guardian

Date

Photograph/Video Release

I authorize staff members of Trinity Church-United Methodist (TCUM) to use photos, video, and/or other likenesses of myself and/or my child/youth or the child/youth for whom I have legal guardianship for promotional materials regarding TCUM programs, facilities, or services. Such images will not be sold to other parties. Promotional materials bearing these images may be distributed for free to the public and posted on the TCUM website (<http://www.trinityumbd.org/>) and social media platforms.

- Yes (please sign below) No

Signature of Parent/Guardian

Date

This verifies I have read the information required to register for my child/youth at TCUM, and have provided all the necessary information requested.

Signature of Parent/Guardian

Date