

**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: \_\_\_\_\_

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 2018-2019**

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
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.

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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 at <http://www.trinityumbd.org/>.

Yes (please sign below)       No

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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.**

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Signature of Parent/Guardian

Date