

Youth Registration 2010

June 27th – July 2, 2010

Form MUST be filled completely and notarized on back.

Name	Parent's Name(s)
Mailing Address	Parent's Work Number ()
Home Telephone ()	Parent's Cell Number ()
9 Male 9 Female Birth date / /	Parent's Employer
E-mail	Grade just completed
City/State/Zip	Church Contact Person
Church Name	City/State/Zip

Friend or Relative to be contacted in case of emergency

Name	Telephone ()
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Hospitalization Insurance

Company	Policy Number
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T-SHIRT (*Indicate preferred size*) 9 S 9 M 9 L 9 XL 9 XXL

HEALTH HISTORY (*Check all that apply*)

Asthma Fainting Spells Convulsions Diabetes Sports Restrictions Heart Trouble

Allergy or reaction to medication; if yes, what? _____

Allergy or reaction to any food; if yes, what? _____

None of the above. Other, if yes what? _____

Will you be taking any medication during camp, what? _____

What medications do you normally take during the school year?

Do you have back or knee problems? If yes explain. _____

Do you have any medical problems that restrict your physical movement in any way?
If yes, explain. _____

Immunization: (*Date of Inoculation*) Tetanus Toxoid _____

OTHER INFORMATION

This will be my (*circle one*) 1 2 3 4 UMYIM2 camp. Please check here if you are a seven year member.

My preference is to work with Vacation Bible School Construction (**you must check one!**)

United Methodist Youth in Mission 2 (UMYIM2)
UMYIM2 Parent/Medical Release

By my signature, I, _____, the parent or legal guardian (if legal guardian a copy of current Letters of Guardianship are required to be attached to this form) of _____ grant my permission for him/her to participate fully in the United Methodist Youth in Mission2 (UMYIM2) event. I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for my son or daughter, including surgical procedure if advised by attending physician.
2. I knowingly release, absolve, indemnify, and hold harmless UMYIM2 and all participating churches and leaders from all claims that might result from any injury and/or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital costs.

I have listed below, under my signature, any and all special medical problems concerning my son or daughter and I state that I have been given the opportunity to discuss these problems with one or more of the adult leaders accompanying my child.

Signature

Date

County of _____

State of _____

Before me, the undersigned authority, in this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public, State of _____

**UMYIM2 requires this form to be notarized!
Please attach a photocopy of your insurance card to
this form.**