

Park Avenue United Methodist Church
Children's Ministry
Registration Form



Please print out and return to Welcome Center basket, or scan and email to adaobinduka@parkavechurch.org

Child(ren) Information

Child's Last Name	First Name	M/F	DOB M/D/Y	Grade in Fall	Allergies or other Health Concerns

Parent/ Guardian Information

Parent /Guardian's Name: Home Phone: Cell Phone: Email: Street: City/Zip:	Parent /Guardian's Name: Home Phone (if different): Cell Phone: Email: Street (if different): City/Zip (if different):
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The child's primary residence is:

The success of your child's Spiritual Formation at Park Avenue is dependent upon your active involvement. Therefore, we are asking that each and every parent choose one area at in which to get involved this year for your child. As part of registering your child, please check those areas that may be of interest to you. We will call you with additional details.

I/We can help Once/month as a children's small group leader In (Please circle all that apply):

The Early Childhood Room

Children's Church

Sunday: 1st 2nd 3rd 4th 5th

Sunday: 1st 2nd 3rd 4th

Wednesday Night Youth Group

I/We Can help as needed by (Please circle all that apply):

Preparing Crafts

Lead Worship

Processing Registrations

Shopping for Supplies

Helping with Special Events

Cleaning and Organizing

Making Phone Calls

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LIABILITY RELEASE: In consideration of Park Avenue United Methodist (PAUMC) allowing the Participant to participate in Children's or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Park Avenue United Methodist Church, its directors, employees, volunteers and agents (collectively herein the "Church" or "PAUMC") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities.

Most Park Avenue United Methodist Church (PAUMC) Youth and Children's Activities take place onsite while parents are also in the building. From time to time however we hold field trips, overnights and activities at times when parents are not in the building. In the interest of the safety of all those involved, we ask that all families give the following permissions:

We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to PAUMC to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify PAUMC for any liability sustained by PAUMC as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by Park Avenue United Methodist Church. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO PERMISSION: We give permission for our children and youth's images to be published on the Park Avenue UMC Church, Park Avenue Youth and Family Services websites or print publications.

Name of Parent or Guardian (Print):

Signature:

Date: