

UNITED METHODIST CHURCH OF LAKE RONKONKOMA REGISTRATION FORM

PARENT NAME: _____

ADDRESS: _____
STREET TOWN ZIP

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

PARENT NAME: _____

ADDRESS: _____
STREET TOWN ZIP

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

ADD'L CONTACT NAME: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

SUNDAY SCHOOL
CHOIR
CONFIRMATION
YOUTH GROUP

STUDENT NAME: _____ **BIRTHDATE:** _____ **GRADE:** _____

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SPECIAL INFO (ALLERGIES, ETC.) _____

STUDENT NAME: _____ **BIRTHDATE:** _____ **GRADE:** _____

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SPECIAL INFO (ALLERGIES, ETC.) _____

STUDENT NAME: _____ **BIRTHDATE:** _____ **GRADE:** _____

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SPECIAL INFO (ALLERGIES, ETC.) _____

STUDENT NAME: _____ **BIRTHDATE:** _____ **GRADE:** _____

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SPECIAL INFO (ALLERGIES, ETC.) _____

The undersigned gives permission for their child to participate in the above named programs and releases United Methodist Church of Lake Ronkonkoma (UMCLR), its officers, employees and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of their family, in attendance, and the undersigned agrees to defend and indemnify United Methodist Church of Lake Ronkonkoma (UMCLR), its officers, employees and agents from any liability or loss they might sustain by reason thereof. In the event I/we cannot be reached in an EMERGENCY, I/we hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child(ren) as named above.

By signing this registration form I/we agree that any photographs taken of my child(ren) at or during this/these event(s) are the property of United Methodist Church of Lake Ronkonkoma (UMCLR) and may be used in future publications as deemed appropriate.

Covenant Agreement: I/we have received (attached forms) and understand the UMCLR Safe Sanctuary policy and agree to abide by the rules and regulations stated therein as signed below.

Signed: _____ Date: _____

I/we are available to help with the Education Program as a Substitute Teacher or Helper for;

Sunday School

Children's Choir

Confirmation

Youth Group

