



**YOUTH & CHILD REGISTRATION
 MEDIA RELEASE FORM
 PERMISSION & MEDICAL FORM**

Child's Name: _____

Birthdate:		Grade:		School:		Shirt Size:	
Allergies (specify & explain)						Epipen: Y/N	
Medications (strength, dosage)							
Medical Conditions							
Extracurricular Activities:							
Favorite Foods:							

Child's Name: _____

Birthdate:		Grade:		School:		Shirt Size:	
Allergies (specify & explain)						Epipen: Y/N	
Medications (strength, dosage)							
Medical Conditions							
Extracurricular Activities:							
Favorite Foods:							

Child's Name: _____

Birthdate:		Grade:		School:		Shirt Size:	
Allergies (specify & explain)						Epipen: Y/N	
Medications (strength, dosage)							
Medical Conditions							
Extracurricular Activities:							
Favorite Foods:							

If St. Paul United Methodist Church staff and/or appointed and documented Adult Leader is unable to contact you in an emergency, whom should be contacted next?

Name: _____

Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

PERMISSION & MEDICAL FORM

This Permission Release Form and General Medical Authorization (Release) executed on today's date _____ by _____
_____ (Undersigned) authorizes my/our child(ren):

_____ (Participant)
to be a participant in the onsite and off-site activities of the above listed event/group/activity of St. Paul United Methodist Church, Louisville, Kentucky. Additionally, the Undersigned releases St. Paul United Methodist Church (St. Paul), The United Methodist Church, and any employees, directors, officers, and/or agents of the aforementioned organizations of any wrongdoing.

The Undersigned hereby authorizes the St. Paul United Methodist Church staff and/or appointed and documented Adult Leader to make any medical arrangements for my/our minor child/ren, which they may deem necessary while attending the above listed event.

Undersigned hereby releases and forever discharges St. Paul for any claim whatsoever which arises or may hereafter arise on accounts of any first-aid treatment or other medical services rendered in connection with an emergency during Participant's involvement with St. Paul.

Any medical personnel may rely upon this document as the authorization of the St. Paul staff and/or appointed and documented Adult Leader to arrange for needed medical care. We further designate the St. Paul staff and/or appointed and documented Adult Leader as our limited attorney-in-fact and personal representative to have access to our children's medical records, and to disclose the contents to others. This designation of our personal representatives is made in accordance with the provisions of 45CFR 164.502(g)(1), and as such authorizes each of our children's attending physicians and my other health care providers of any kind to provide our personal representatives with all rights that we possess in and to our children's medical and other protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

By signing below, Undersigned certifies that he/she is/are the parent(s)/legal guardian(s) of the following child/children under 18 years of age. Furthermore, by signing Undersigned expresses to have read this Release before signing below and fully understands the contents, meaning and impact of this release, and enter into this Release willingly and voluntarily.

Child's name: _____

Child's name: _____

Child's name: _____

Adult's name (print): _____

Adult's Signature: _____ Date: _____

Address: _____ Phone: _____

MEDIA RELEASE FORM

I, the undersigned, hereby grant St. Paul United Methodist Church, Louisville Kentucky permission to use the below listed media, including but not limited to photographs, videos or sound clips, in any and all of its publications, be it print or electronic format, including but not limited to websites, newsletters and brochures.

I understand and agree that these materials are property of St. Paul United Methodist Church, Louisville Kentucky. In addition, I waive any right to inspect or approve the finished product, including written or electronic copy. Additionally I waive any right to royalties or other compensation arising or related to the use of the said media materials.

I hereby authorize St. Paul United Methodist Church, Louisville Kentucky to alter, edit, copy, reproduce, exhibit, publish or distribute the photos/videos/sound clips listed on this form. In the event that the media stated herein is used in a third party format beyond St. Paul United Methodist Church's direct control, I will not hold St. Paul United Methodist Church, Louisville, Kentucky responsible or culpable under any circumstances.

By signing below, Undersigned certifies that he/she is/are the parent(s)/legal guardian(s) of the following child/children under 18 years of age. Furthermore, by signing Undersigned expresses to have read this Release before signing below and fully understands the contents, meaning and impact of this release, and enter into this Release willingly and voluntarily.

Child's name: _____

Child's name: _____

Child's name: _____

Adult's name (print): _____

Adult's Signature: _____ Date: _____