



Wesley United Methodist Church

2206 Fourth Street
Charleston, IL 61920

CHILD/YOUTH REGISTRATION FORM

Please fill out the following form for each participant.

Name of Youth _____ Date of Birth ____ / ____ / ____
last, first, middle initial

Address _____ Phone _____

Email Address _____ Phone _____

PARENT/LEGAL GUARDIAN INFORMATION:

Name(s) _____ Phone _____

Phone (cell #1) _____ (cell #2) _____

EMERGENCY CONTACT:

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

PERSON(S) AUTHORIZED TO PICK UP CHILD(REN) OTHER THAN PARENTS:

_____ Phone _____

_____ Phone _____

ALLERGIES or conditions we should be aware of _____

Physician's Name _____ Phone _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event of an emergency or non-emergency situation in which medical treatment is required, every reasonable effort will be made to contact the persons listed on this form. In the event that contact is unsuccessful, the undersigned parent/guardian authorizes the accompanying adult volunteer/staff of Wesley United Methodist Church to secure medical treatment for _____ in case of any illness or accident for which medical attention is required.

I agree that my insurance company will be used for such medical expenses and I am aware that I may be billed by the medical provider for any treatment expenses not covered by my insurance.

Signed this ____ of _____, 20__

SIGNATURE (parent/guardian)