

**WEST LOS ANGELES UNITED METHODIST CHURCH  
2018-2019 CHURCH PROGRAM REGISTRATION**

This information is to be used for emergency purposes only. The information provided on this form will be kept confidential and private. Please complete and return to:

**West LA UMC, 1913 Purdue Avenue, Los Angeles, CA 90025**

<p><b>Child/Youth Information</b> <b>Please complete a separate form for each child and youth.</b></p>
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Child/Youth Name \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Grade in School 2018-2019 \_\_\_\_\_

Allergies, special needs, sensitivities, medications:

None

Allergies (please specify, such as nuts, animals, pollen, etc.) \_\_\_\_\_

\_\_\_\_\_

Special Needs and/or Sensitivities \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

I hereby give permission to WLAUMC to use any photos taken during church-related activities of my above-named child solely for church-related purposes. Yes  No

I hereby give permission to WLAUMC to contact my youth (Grade 9 and older) via email or text to notify him/her of upcoming events? Yes  No

If yes, please provide your youth's email address: \_\_\_\_\_

If yes, please provide your youth's cell phone number: \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian Information**

Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother/Guardian Cell \_\_\_\_\_ Mother/Guardian Email \_\_\_\_\_

Father/Guardian Cell \_\_\_\_\_ Father/Guardian Email \_\_\_\_\_

I hereby give my permission to WLAUMC to list a contact phone number in a class roster for distribution to participating families and solely for church-related purposes. Yes \_\_\_ No \_\_\_

**Emergency Information**

In case of emergency, please contact:

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's Name \_\_\_\_\_

**WEST LOS ANGELES UNITED METHODIST CHURCH  
AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE/INDEMNITY**

The undersigned hereby acknowledge voluntarily participation in the West LA UMC 2018-2019 Sunday-School, VBS, and other Children and Youth Events, and authorize the West Los Angeles United Methodist Church ("Group") and its designated personnel and/or representative/s accompanying me and/or in attendance ("Group Personnel") to exercise his/her/joint or individual discretion and judgment in supervising myself and my children while participating in the official and sanctioned activities of the Group during the Event and in making such decisions as are necessary or appropriate to carry on such activities for the benefit and enjoyment of all Group participants, including myself and my children.

Should such Group Personnel be unable to reach the contact person/s identified above at the number/s provided to authorize immediate aid to myself and my children, then the Group Personnel is/are hereby authorized to make decisions of an emergency nature in the event of any actual or imminent risk of injury or peril concerning myself and my children, and pertaining to my medical care or treatment during such Event activities or while in or about the facilities or areas controlled or being used by the Group.

Specifically, and without limitation, if the Contact Person/s is/are so unreachable, then the Group Personnel is/are hereby authorized to call an ambulance, paramedics, fire department or other medical-delivery service and/or to consult with the personal physician/s identified above, or if unreachable under the circumstances, any other doctor, nurse, EMT, hospital and/or other health-care provider, wherever and whenever I or my children may suffer or have suffered such injuries or become subject to such threat of injury or peril to my person or my children during such Event activities or about such Event facilities/areas.

I further agree to be fully responsible, to the exclusion of, and to indemnify and reimburse fully, to the Group, Group Personnel and its/their respective directors, officers, employees, personal representative, heirs, successors and assignees (together, the "Releasees"), as to any and all damages, injuries, fees and expenses incurred in any of the foregoing matters. I further agree not to sue, and irrevocably, unconditionally and entirely release, and hold the Releasees harmless from any and all claims, actions, liabilities, judgments, demands and obligations of any kind, in law or equity, whether known or unknown, that I ever had, now have or in the future may have against the Releasees in connection with any personal injury, death or property damage that I may sustain or incur, arising out of my participation in the Event. The foregoing release will be binding on me, my heirs, legal representatives, successors and assigns.

I am the parent or legal guardian of minor children and I hereby consent to the foregoing Authorization and Release on behalf of such minor child and personally join in the representations set forth above.

**Acknowledged and agreed:**

Parent Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

West LA United Methodist Church \* 1913 Purdue Avenue \* Los Angeles, CA 90025  
310-479-1379 \* wlaumc.com