

Date: _____

Red Bank United Methodist Church (RBUMC)
"Safe House" After School Ministry
Registration Form

Office Use Only:
Picture # _____
Tag # _____

Participant Information:

Name of Participant: First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Age: _____ Sex: _____ Male/ _____ Female Grade: _____
Allergies (List): _____
Allergies to Medication(s) (List): _____
Any other health, medical or behavioral conditions: _____

Parent/Legal Guardian Information:

Parent/Legal Guardian Name(s): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Address: Number and Street: _____ Apt. Number: _____
City: _____ State: _____ Zip: _____
Email: _____ Place of Employment: _____
Alternate Emergency Contact (Name of another person if parent/guardian not available) to notify in case of emergency:
Name: _____ Phone: _____

Following to be filled out and returned by Parent: (Please place a check by ANY that apply to you):

_____ I do not wish my child to leave the RBUMC "Safe House" program unless a parent, guardian or other designated adult picks them up. I understand they must be picked up at/or before 6:00 p.m. Mon. and Tues. and 5:30 p.m. or 7:30 p.m. on Wednesday.

_____ It is permissible (o.k.) for my child to leave the RBUMC Safe House program on their own, without a designated adult picking them up.

_____ Please list all people who are allowed to pick up your child (all adults picking up students must come in and sign them out): _____

I/we the undersigned, the parent(s) or guardian having custody of the above named minor, have given our consent for this minor child to participate in the RBUMC "Safe House" After School Ministry.

In the event he/she is injured or becomes ill while participating in the "Safe House" Ministry of RBUMC the following steps will be taken:

- I. For minor injuries, RBUMC staff or volunteers will perform minor First Aid treatment .
- II. In the event treatment greater than minor First Aid is required, we will make a reasonable attempt to contact the Parent/Legal Guardian to apprise them of the situation and obtain further guidance.
- III. If the urgency of the situation mandates the need for the minor to be transported to an emergency room and we are unable to make contact with the Parent or Legal Guardian, I/we hereby nominate and appoint a church staff member or volunteer to give consent in my/our place and stead and to make healthcare decisions for the named child until contact is made with me/us. By this consent , I/We agree to hold such persons and Red Bank United Methodist Church free and harmless of any claims, demands or suits for damages. Understanding that if the urgency demands transportation of the minor to an emergency room, a RBUMC staff member or volunteer will accompany the minor to provide comfort and oversight until the Parent or Guardian can arrive.

I have read and understand the above rules attached with this form and have discussed them with my child:

Parent/Guardian Signature: _____ Date: _____