



**Registration and Medical information for First Kids and First Youth.**

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Grade as of August 2025: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Work hours \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Do you consent for us to give your child the recommended dosage of general pain killer if needed?

YES NO If yes, is there a preference of type? \_\_\_\_\_

Insurance

Company: \_\_\_\_\_ Policy

Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

RELEASE AND HOLD HARMLESS AGREEMENT FOR FIRST UNITED METHODIST CHURCH SPRINGFIELD

By my signature, I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, grant my permission for him/her to participate fully in any activities or trips sponsored by First United Methodist Church Springfield. I understand that my signature carries with it the following:

An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.

An authorization of FUMC Springfield to use pictures and videos of my child in print, on the internet, and on social media.

I knowingly release, absolve, indemnify, and hold harmless First United Methodist Church Springfield, from all claims that might result from any injury and/or death of any minor. I understand that this Release and Hold Harmless Agreement pertains to all programs and activities, including transportation, of First United Methodist Church Springfield.

Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital care.

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Signature

This Release and Hold Harmless Agreement shall remain in effect until September 1, 2026 or until revoked by me in writing.