



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

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

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

Emergency Contact's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Known

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

\_\_\_\_\_

Do you consent for us to give 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, \_\_\_\_\_, agree to participate in activities with 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 me if I am unable to do so.

An authorization of Springfield First to take video and picture of me and use it in print, on the web, 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. 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.

\_\_\_\_\_  
Signature

This Release and Hold Harmless Agreement shall remain in effect until September 1, 2024 or until revoked by me in writing.