

Sunday School Enrollment Form

(Please submit one form per student, but each family only needs to complete Part 2 once)

Part 1 – complete for each student

Student First & Last Name: _____ Date of Birth: _____

Age: _____ Grade in School: _____ School attending: _____ Student is baptized: Yes No IDK

Student Email (grades 5+): _____ Student has Bible: Yes No IDK

Allergies: _____

Part 2 – complete one per family

Parent Names: _____

Parent Address(es): _____

Parent phones: _____

Parent emails: _____

Emergency Contacts: please list two people we can contact if we are unable to reach you in the event of an emergency.
Can be relatives, friends, neighbors, etc.

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Part 3 – Please check these boxes as appropriate and sign the form.

Photo Release: I give permission for photos, videos, and sound recordings of my child to be taken during First United Methodist Church, Tipton activities to be used in connection with the church's publications both paper and digital (ie. Bulletins, newsletters, website, Facebook).

Friend Ministry: I give permission for my child to participate in First United Methodist Church, Tipton's Friend Ministry. I understand that the Friend assigned to my child will greet my child at church, send mail, and possible attend community or school events to show support.

General Release of Liability/Permission to Treat: I agree to forever release First United Methodist Church of Tipton, IA [hereafter referred to as FUMC] and all event sponsors together with their officers, directors, employees, agents, representatives, their heirs, personal representatives, successors and assigns from any and all claims, demands, actions, causes of actions, suits, injury, liability or expense whatsoever with respect to any injury, death or property damage sustained by the above-named minor child, arising out of or related in any way to my child's participation in this event. The above-named minor is in good physical and mental health and is capable of participating in this potentially strenuous event. I further acknowledge that no oral representation, statement or inducements apart from the foregoing written agreement have been made. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray, examination, medical, dental, anesthetic, or surgical diagnosis, treatment, or hospital care advised and supervised by a physician or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. In the event of such occurrence, I expect to be contacted as soon as possible. It is agreed and understood that medical expenses related to sickness or injury of the participant are not covered by the church's insurance program. Should it be necessary for participant to return home due to a medical reason or otherwise, the undersigned shall assume all transportation costs.

Parent or Guardian Signature

Date