



# NASHVILLE METHODIST CHURCH

## NASHVILLE METHODIST CHURCH REGISTRATION AND MEDICAL RELEASE FORM

**VALID: September 2023– September 2024**

*(This Registration & Medical Release is valid for all NMC Youth Activities such as Fall Retreat, Winter Retreat, and any other special events during the 2023-2024 Church Calendar.)*

### REGISTRATION INFORMATION

Youth (Full Name) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell (Mom/Guardian) \_\_\_\_\_  
Cell Phone (Youth) \_\_\_\_\_

Birthdate \_\_\_\_\_  
Gender Male  Female   
Grade & School \_\_\_\_\_  
Name of Parents/Guardian \_\_\_\_\_  
Cell (Dad/Guardian) \_\_\_\_\_  
Email Address \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

*Medical information on this form will ONLY be used in the event that medical treatment is needed. It will not be used for any other purpose.*

Date of last Tetanus Shot \_\_\_\_\_

Medication(s) you are currently taking (prescribed & over the counter. Please list all – this is extremely important)

\_\_\_\_\_

Medications you cannot take \_\_\_\_\_

Any allergies &/or special health problems or concerns \_\_\_\_\_

\_\_\_\_\_

### OVER-THE-COUNTER MEDICATION PERMISSION:

Do you give permission for your youth to be given over the counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomach, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

\_\_\_\_ NO. Contact me or get medical help if my child has any minor medical concerns.

\_\_\_\_ YES. I give permission for an adult youth leader to give my child approved over the counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature: \_\_\_\_\_

209 East Washington Street • PO Box 86 • Nashville, North Carolina 27856-0086

Phone: (252) 459-7178 • Fax: (252) 459-7828

info@nashvillemethodist.com

www.nashvillemethodist.com

**MEDICAL INSURANCE INFORMATION:**

Company name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Policy # \_\_\_\_\_  
Policy Holder's ID# \_\_\_\_\_  
Relationship to policyholder \_\_\_\_\_

**In an emergency, please contact (Please List Two):**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Day phone \_\_\_\_\_  
Evening phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Day phone \_\_\_\_\_  
Evening phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

**Physician Information:**

Physician's Name \_\_\_\_\_  
Phone \_\_\_\_\_

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

**MEDICAL RELEASE**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participating with Nashville Methodist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, unless specified otherwise, consent/permission is hereby given to all accompanying adult Youth Leaders during the 2023-2024 year to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). If possible, the Youth Director or another adult leader left in charge, should make the final decision in cooperation with medical personnel.

I understand that Nashville Methodist Church does not carry accident or medical insurance on youth participating in any church activities. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

**I acknowledge that by participating in youth activities at NMC, my student will be at risk of contracting Covid-19 or any other viral infectious disease. If my student does not feel well or knows they have been exposed to an individual infected with Covid-19 or any other illness, they will remain home and not participate in any youth activities for the appropriate amount of time.**

Name of parent/guardian (print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE/ CONSENT

### NMC PHOTO RELEASE:

I agree that Nashville Methodist Church may photograph and record my child/youth/dependent's likeness and activities (images) during church-related activities. I grant the following rights to Nashville Methodist Church: permission to use and re-use, publish and re-publish and modify or alter the images(s) taken during any activity. Use of the images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the internet and worldwide in perpetuity for the purposes stated. Above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge Nashville Methodist Church from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release

### PARENTAL CONSENT:

The undersigned does hereby give permission for my youth/child \_\_\_\_\_  
(child's/youth's name) ("Participant"), to attend and participate in any Nashville Methodist church child/youth ministry activity, retreat, mission trip, ski trip, etc.

### LIABILITY RELEASE:

In consideration of Nashville Methodist Church allowing the Participant to participate in child/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-ins, Trips) We the undersigned, on behalf of ourselves and the participant, do hereby release, forever discharge and agree to hold harmless Nashville Methodist Church, its pastors, employees, officers, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned and/or the Participant while involved in child/youth or other church activities. I, the parent or legal guardian of this Participant hereby grants my permission for the Participant to participate fully in child/youth ministry activities including trips away from the church premises. Furthermore, I on behalf of my minor Participant, hereby assume all risk or and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

### TRANSPORTATION PERMISSION:

The undersigned does also hereby give permission for participant to ride in any vehicle driven by an approved and licenses ADULT chaperone while attending and participating in activities sponsored by Nashville Methodist Church. Participant and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES, during transportation.

Name of child/youth participant (print) \_\_\_\_\_

Signature of child/youth participant \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian (print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_