

Solon United Methodist Church

Youth Registration Form 2020-2021

Youth #1 Name/D.O.B./Grade/Age: _____

Youth #2 Name/D.O.B./Grade/Age: _____

Youth #3 Name/D.O.B./Grade/Age: _____

Youth #4 Name/D.O.B./Grade/Age: _____

Parent/Guardian Name(s): _____

Address: _____

Cell Phone(s): _____

Email(s): _____

Youth Programs

In an effort to streamline our youth programs registration process we have combined registration for all of our youth activities. Please check the box next to the programs that you wish to register your child for. Be sure to fill out the medical form located on the back of this sheet.

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Sunday School (Preschool—5th) | Sundays 9:15AM Sept –April
Coordinator: Jill Weetman, weetmanj@yahoo.com |
| <input type="checkbox"/> | Middle School Youth Group
(6th—8th) | Wednesdays Sept-April 6:30-8 PM |
| <input type="checkbox"/> | High School Youth Group
(9th—12th) | Wednesdays Sept—April 6:30 –8 PM
Coordinator: Jenn Stiegelmeyer, stiegey@southslope.net |
| <input type="checkbox"/> | Confirmation
(8th grade) | **TBD**
Coordinator: Pastor Ken Ferguson fergusonk@soloniaumc.org |

I give my permission to S.U.M.C. to photograph my child during any activities they attend at S.U.M.C. I give permission to copyright and use and publish the photos for any lawful purpose, including newspaper articles, church publications, website and Facebook.

YES

NO

Please list those who are approved to pickup children from activities at SUMC or if youth will drive themselves:

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature _____ Date: _____



Solon United Methodist Church
Solon, Iowa

SAFE SANCTUARIES FOR YOUTH

Medical Information and Treatment Release Form
Form H

Name of child/youth #1: _____ Date of Birth: _____

Age: _____ Allergies? _____

Name of child/youth #2: _____ Date of Birth: _____

Age: _____ Allergies? _____

Name of child/youth #3: _____ Date of Birth: _____

Age: _____ Allergies? _____

Name of child/youth #4: _____ Date of Birth: _____

Age: _____ Allergies? _____

Name of Parent/Guardian: _____

Emergency Contact #1 Name: _____ Cell #: _____

Emergency Contact #2 Name: _____ Cell #: _____

The undersigned parent(s)/guardian authorized the Solon United Methodist Church to secure medical/dental treatment for _____ in the event of any illness or accident for which

Name of child/youth

responsible adults of first aid personnel feel professional medical attention is required. I/We hereby give permission to the administration of any and all necessary medical/dental treatment by a licensed physician or dentist in his/her office or at a hospital.

Family Doctor: _____

Contact Information: _____

Family Dentist: _____

Contact Information: _____

Hospital Preference: _____

Parent(s)/Guardian Signature

Date