

# Young People's Ministry Event Group Registration Form

This form should accompany all registration forms for the event which you are registering. Make more copies of this form as needed. Please be sure to place this on the top of your registrations. Be sure to list all persons registering on this form, please include complete registration forms for those who are attending their first conference event or those who have a change in address or health information.

**EVENT:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_ **Youth Minister:** \_\_\_\_\_

**Youth Min - Home:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

## District (circle one)

CL (Clarksville)

CO (Columbia)

CK (Cookeville)

PU (Pulaski)

CU (Cumberland)

MU (Murfreesboro)

NA (Nashville)

Name of Registrant	Adult/ Youth	T-Shirt Size	Health Form	Payment

Number of Participants (Including Adults) \_\_\_\_\_ X \_\_\_\_\_ (Fee) = \$ \_\_\_\_\_

Make Checks payable to **Tennessee Conference Young People's Ministry**  
**Mail to: Young People's Ministry TN Conference UMC**  
**304 S. Perimeter Park Drive, Suite 1**  
**Nashville, TN 37211**

# Young People's Ministry Event Registration Form

**ALL PARTICIPANTS BOTH YOUTH AND ADULT** must submit a completed form for the first event attended during the ministry year. This information will be entered into a secure database at the Tennessee Conference Office and utilized as needed for health and registration information. Your information will not be given or sold to another party for use of any kind.

**The Group Registration Form should accompany all group registrations.**

**A completed form only needs to be submitted one time per year unless health or insurance information changes. You are responsible for notifying us if changes do occur.**

**THIS FORM IS GOOD FROM August 1 - July 31 of the current school calendar year.**

***Please Print with a Ballpoint Pen***

Today's Date \_\_\_\_\_

**Event You Are Registering For:** \_\_\_\_\_

**District (circle one)**

CL (Clarksville)

CO (Columbia)

CK (Cookeville)

PU (Pulaski)

CU (Cumberland)

MU (Murfreesboro)

NA (Nashville)

**Participant Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**PHONE** - Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

**Church Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_ **Youth Minister:** \_\_\_\_\_

**If non-Tennessee Conference UMC, name of other Conference, Denomination or Religious Affiliation:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Completed Grade Level:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**T-Shirt Size: S M L XL XXL 3X 4X**

**If you are under 18 or still in high school, please have a parent or guardian complete below:**

Name(s): \_\_\_\_\_

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

Address if different from above: \_\_\_\_\_

City, State, Zip Code if different from above: \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**COMPLETE BOTH PAGES, PLEASE**

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**Participant Full Name:** \_\_\_\_\_

**YES ---- NO:** Photographs of this youth may be used for promotional purposes by the Tennessee Conference Young People's Ministries. At no time will their name, address, or church be identified unless specifically notified.

**Emergency Contact & Phone:** \_\_\_\_\_

### **MEDICAL INFORMATION FORM - This area must be complete, to process registration.**

Name of Registrant: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (food, nature, medicine): \_\_\_\_\_

#### **List Medications required during event**

NAME OF MEDICATION	DOSAGE/DELIVERY	REASON TAKING

**Special needs, i.e. physical, dietary, etc:**

\_\_\_\_\_

**Medications will be kept in a secure location under the guidance of participants church youth ministry leadership. If the participant is not a part of a group, the event director will administer.**

**Y N -** I give permission for my child to be given Tylenol, laxative, or other minor medication as needed.

Describe any behavioral or emotional problems that your child has that may effect their stay or participation in the event.

I understand that all reasonable safety precautions will be taken at all times by the Young People's Ministries of the Tennessee Conference Event Staff. I have completed the information to the best of my knowledge. In giving my child permission to attend this event indicated, I release the Tennessee Conference, United Methodist Church, leaders and event staff from liability for damages, losses, illness, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted. I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_