West Allis: First United Methodist Church

7520 W. Lapham Street, West Allis, WI 53214

Phone: 414-774-5500 Email: fumcwaoffice@fumcwa.org

Website: [www.fumcwa.org](http://www.fumcwa.org) Office Contact: Michelle Fuller **(Return Form by August 17)**

**Registration Form/Permission Form/Medical Form/Contact Form for FUMCWA Youth Lock-In**

**August 19-20, 2022 (**Check-in: 5:00 pm Friday, August 19 and Check-out: 9:00 am Saturday, August 20). \*This Youth Lock-In is free of cost for meals and other expenses during the Lock-In time. Contact Persons/Staff/Chaperons: Kiersten Schelman, John Bolton, Mike and Elizabeth Coover, Pastor Sam.

Name of Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Grade (September 2022): \_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact (Name/Relationship and Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact (Name/Relationship and Phone): ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or other Medical Conditions/Any Special Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: The Youth Lock-In Staff or chaperones will not be administering any medications, this is solely the responsibility of the youth/child.

\*Informed Consent & Authorization for Emergency Treatment:

1. I understand that I will be notified if my child listed on this form becomes injured and/or ill while attending the Youth Lock-In.

2. I agree that upon notification of my child’s injury and/or illness, I will pick him/her up immediately.

3. In case of an emergency and I cannot be reached, I hereby give authorization to the Youth Lock-In staff or chaperons to contact other emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the Youth Lock-In staff/chaperons and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child listed above.

\*Condition of Enrollment: I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation.

\*\*\*I acknowledge that I am the parent or legal guardian of the child and I release First United Methodist Church West Allis, and its agents, employees, representatives, and volunteer workers from any and all liability if my child is injured during the Lock-In. I give permission to photograph/video my child during the Lock-In and to use photographs/videos in all forms of media.

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_