



Otterbein United Methodist Church  
6th & Maple  
Russell, KS 67665  
785-483-2629



## Registration Form

Please Print

Participant's Name \_\_\_\_\_

M / F Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY INFORMATION:

Emergency Contact's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List any allergies or medical conditions:

---

---

The name of the church you attend: \_\_\_\_\_

List any brothers or sister who will also be attending:

---

---

**CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE:** I appoint Otterbein United Methodist Church staff, teachers and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental care. My consent includes all medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (including x-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency.

In consideration of my child's participation in this activity, I hereby release and discharge Otterbein United Methodist Church, it's members, teachers, directors, and volunteers from any and all liability arising from accident, injury and illness that he/she may suffer as a result of participation in this activity. **Registration invalid without signature**

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_