



The Shadetree Group

Student Registration
School Year 2018 -2019

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FAMILY INFORMATION:

Parent(s)/Guardian(s) Information:

Parent/Guardian (1) _____ Work Phone (____) ____ - _____
Cell Phone (____) ____ - _____ Cell Phone Provider _____
Email Address _____

Parent/Guardian (2) _____ Work Phone (____) ____ - _____
Cell Phone (____) ____ - _____ Cell Phone Provider _____
Email Address _____

Home Address _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone (____) ____ - _____ Church Affiliation _____

Does the family have a parent or child in the military? ___ Yes ___ No Branch? _____

In case of emergency, notify (other than parent/guardian):

Name (1) _____ Phone (____) ____ - _____ Relationship _____

STUDENT INFORMATION:

Student (1)

Student's Name _____ Date of Birth ____/____/____

Cell Phone (____) ____ - _____ Cell Provider _____

School _____ School Grade _____

Email Address _____

Doctor _____ City _____ Phone (____) ____ - _____

Insurance Provider _____ Date of Last Physical Exam (Month/Yr) ____/____

Allergies _____ Other Health Conditions _____

Can this student swim? ___ Yes ___ No Any swimming restrictions? ___ No ___ Yes (_____)

Permission to use the internet? ___ Yes ___ No Any activity restrictions? ___ No ___ Yes (_____)

Student (2)

Student's Name _____ Date of Birth ____/____/____

Cell Phone (____) ____ - _____ Cell Provider _____

School _____ School Grade _____

Email Address _____

Doctor _____ City _____ Phone (____) ____ - _____

Insurance Provider _____ Date of Last Physical Exam (Month/Yr) ____/____

Allergies _____ Other Health Conditions _____

Can this student swim? ___ Yes ___ No Any swimming restrictions? ___ No ___ Yes (_____)

Permission to use the internet? ___ Yes ___ No Any activity restrictions? ___ No ___ Yes (_____)

Student (3)

Student's Name _____ Date of Birth ____/____/____

Cell Phone (____) ____ - _____ Cell Provider _____

School _____ School Grade _____

Email Address _____

Doctor _____ City _____ Phone (____) ____ - _____

Insurance Provider _____ Date of Last Physical Exam (Month/Yr) ____/____/____
Allergies _____ Other Health Conditions _____
Can this student swim? ___ Yes ___ No Any swimming restrictions? ___ No ___ Yes (_____
Permission to use the internet? ___ Yes ___ No Any activity restrictions? ___ No ___ Yes (_____)

Student (4)

Student's Name _____ Date of Birth ____/____/____
Cell Phone (____) ____-____ Cell Provider _____
School _____ School Grade _____
Email Address _____
Doctor _____ City _____ Phone (____) ____-____
Insurance Provider _____ Date of Last Physical Exam (Month/Yr) ____/____/____
Allergies _____ Other Health Conditions _____
Can this student swim? ___ Yes ___ No Any swimming restrictions? ___ No ___ Yes (_____
Permission to use the internet? ___ Yes ___ No Any activity restrictions? ___ No ___ Yes (_____)

Student (5)

Student's Name _____ Date of Birth ____/____/____
Cell Phone (____) ____-____ Cell Provider _____
School _____ School Grade _____
Email Address _____
Doctor _____ City _____ Phone (____) ____-____
Insurance Provider _____ Date of Last Physical Exam (Month/Yr) ____/____/____
Allergies _____ Other Health Conditions _____
Can this student swim? ___ Yes ___ No Any swimming restrictions? ___ No ___ Yes (_____
Permission to use the internet? ___ Yes ___ No Any activity restrictions? ___ No ___ Yes (_____)

STATEMENT OF RELEASE:

Please initial by each:

_____ I give my permission for the student(s) of this release to be involved in the overall activities of the Shadetree Group. This permission includes the release to transport the student(s) to and from ministry activities.

_____ I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student(s) of this release during the activities to be used, distributed or shown as the Shadetree Group sees fit.

_____ I understand all reasonable safety precautions will be taken at all times by the Shadetree Group and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Killearn UMC, the Shadetree Group, its leaders, employees, agents, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student(s) of this form.

_____ In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the Shadetree Group leadership to hospitalize, secure proper treatment for the student(s) named above, as deemed necessary. I also agree to accept full financial responsibility for the cost of such treatment.

Parent or guardian's signature _____ Date ____/____/____