



First Church J-Team 2018 - 2019

Registration Form

Child's Name: _____

Date of Birth: _____ Grade: _____ Gender: Male Female

Parent/Guardian
Names: _____

Best Phone for Parent/Guardian: _____

Home Address: _____

Email Address: _____

Children will need to be signed in and out at the J Team events. Please also inform staff if the pick up person differs from the drop off person.

Emergency Information

Contact # 1: _____ Contact # 2: _____

Phone # 1: _____ Phone # 2: _____

In the event of an emergency, I/we do give permission to First United Methodist Church, Round Rock staff and /or J-Team volunteers, to act on my/our stead to consent to any medical treatment or hospitalization deemed necessary by a licensed physician or emergency team. I/we do agree to be liable for any and all cost involved in such emergency treatment.

Signature of Parent/Guardian _____

Parent Name printed _____

Date _____

List any special considerations that your child may have, such as physical limitations, emotions or behavioral issues, allergies (specifically foods & medications), existing illness, previous serious illness, injuries during the past 12 months & any other information that First United Methodist Church staff and/or J-Team volunteers should be aware of.
