



JAM Registration 2019-2020

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

Children's Name(s) & Age(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies/Meds: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies/Meds: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies/Meds: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies/Meds: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

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

If we are unable to reach the person listed above, who should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

May we have permission to photograph our child? Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in JAM at FaithUMC.

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

Faith United Methodist Church  
321 1<sup>st</sup> Ave South Sleepy Eye, MN.  
507-794-6565

Questions: Contact- Gina Nienhaus  
507-794-6923 or 507-920-8976  
email- [faithumcyouth@hotmail.com](mailto:faithumcyouth@hotmail.com)

Over →

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the JAM /youth event. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during JAM, I hereby authorize the JAM staff to obtain or provide medical treatment for my child for such injury or illness during the JAM, and I hereby hold the JAM staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the JAM. If this occurs, I hereby authorize the JAM staff and representatives to refer my child to a medical treatment center. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the JAM.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during JAM. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the JAM.

Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_