

**Peace Church  
Registration Form  
2025-2026**

<b>Child/Student Name:</b>		
<b>Participants Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Email:</b>		
<b>Participants Birthday:</b>	<b>Participants Age:</b>	<b>Grade:</b>
<b>Parent/Guardian 1 Name:</b>	<b>Contact Phone:</b>	
<b>Address if different from child's:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Parent/Guardian 2 Name:</b>	<b>Contact Phone:</b>	
<b>Others authorized to pick up student:</b>		
<b>Known Allergies:</b>		
<b>Current Medications:</b>		
<b>Insurance Company:</b>		

**Peace United Methodist Church  
Medical and Liability Release Form  
2025-2026**

**Medical and Liability**

**Today's Date:** \_\_\_\_\_

I \_\_\_\_\_,  
**(Parent or guardian name)** am the parent or legal guardian of:

\_\_\_\_\_  
**(Child/Student's name)** **AGE** \_\_\_\_\_

- I agree that my child/student is physically fit and has necessary skills to safely participate in Peace Family Ministries activities.
- I understand these activities may have associated risks.
- If I have any concerns, I will let the proper leadership know of what they are.
- I understand and give consent for my child be transported to said activities by volunteer drivers under the guidelines of Peace Church's Child and Youth Protection Policy.
- If an emergency occurs during a Peace Family Ministries activity. I give full consent to the leaders in charge to manage my child/students care accordingly.

**Social Media Communication**

**For all ages:**

\_\_\_ I **GIVE** permission to Peace Family Ministries to use photographs or video of my child/student participating in said ministries for publishing and marketing purposes only.

\_\_\_ I **DO NOT** give permission to Peace Family Ministries to use photograph or video of my child/student participating in said ministries for publishing and marketing purposes only.

**For Students ages 11 years and up:**

\_\_\_ I **GIVE** my student age 11 and up, permission to communicate with the leaders of Peace Youth through social media and text communication for ministry purposes only.

\_\_\_ I **DO NOT GIVE** my student age 11 and up, permission to communicate with the leaders of Peace Youth through social permission for still or video pictures of my child/ student to be used for promotional purposes. media and text communication for ministry purposes only.

**Parent or guardian signature:** \_\_\_\_\_

**Notary Required for any off campus activities:**

*State of Florida*, county of \_\_\_\_\_.

This document was signed before me on date: \_\_\_\_\_ I certify this person is known to me ( )

or has produced the following photo identification # \_\_\_\_\_

**Signature of Officer:**

**Notary Stamp:**