Peace Church
Registration Form
2026-2027

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

Peace United Methodist Church
Medical and Liability Release Form
2026-2027

Medical and Liability **Today's Date: _____**

I _____,
(Parent or guardian name) am the parent or legal guardian of:

_____**AGE**_____
(Child/Student's name)

- 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:**