



### 2021 Children's Ministries Program Registration

524 Thunderbird, El Paso, Texas 79912  
915-584-2133

Parent(s) /Legal Guardian(s) Names: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Name \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Name \_\_\_\_\_

Street Address / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address(es): \_\_\_\_\_

<u>1<sup>st</sup> CHILD</u>		
Name: _____	Grade: _____	Circle: Male or Female
Special Notes/Allergies: _____	DOB _____	
<u>2<sup>nd</sup> CHILD</u>		
Name: _____	Grade: _____	Circle: Male or Female
Special Notes/Allergies: _____	DOB _____	
<u>3<sup>rd</sup> CHILD</u>		
Name: _____	Grade: _____	Circle: Male or Female
Special Notes/Allergies: _____	DOB _____	
What school(s) do your children attend? _____		
Additional children can be added on the other side of this form.		

### Emergency Medical Release Form

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

#### INSURANCE INFORMATION

Name of Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for my child to be treated as necessary in case of a medical emergency by those whom I have placed in their care.

**X** \_\_\_\_\_  
Sign Name \_\_\_\_\_ Print Name \_\_\_\_\_

**\*\*TURN OVER FOR PHOTO RELEASE\*\***

Questions about this form? Contact Julie Mattingly, Director of Children's Ministries at 915-584-2133, julie@westernhillsep.org

**WESTERN HILLS UMC PHOTO RELEASE FORM**

PLEASE INITIAL AND SIGN BELOW

\_\_\_\_\_ I hereby grant permission for you to photograph, videotape, and/or to record my child's voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising, displays, or in exhibition uses. I further grant the use of my name in connection with my comments and opinions.

\_\_\_\_\_ I hereby grant and assign to Western Hills UMC all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world.

\_\_\_\_\_ I hereby waive any right that I or my child may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein. The parties to this contract expressly agree that the laws of Texas shall govern the validity, construction, interpretation, and effect of this contract.

**\_\_\_\_\_ I DO NOT GRANT PERMISSION FOR YOU TO PHOTOGRAPH, VIDEOTAPE, AND/OR TO RECORD MY CHILD'S VOICE AND SOUNDS AND TO USE ANY OR ALL SUCH PHOTOGRAPHS, RECORDINGS, AND REPRODUCTIONS THEREOF IN AND/OR AS A PART OF ANY MOTION PICTURE, VIDEO PRODUCTION, BROADCAST, PUBLISHED PRODUCTS, RELATED ADVERTISING, DISPLAYS, OR IN EXHIBITION USES. I FURTHER DO NOT GRANT THE USE OF MY NAME IN CONNECTION WITH MY COMMENTS AND OPINIONS.**

\_\_\_\_\_  
(Name of Participant/s) \*Address and contact information found on reverse.\*

**GUARDIAN'S CONSENT**

I am the parent or guardian of the above-named participants. I hereby approve and consent to the use of his/her video image and name, as well as comments and opinions expressed, according to the terms mentioned above. I affirm that I have the legal right to issue such consent.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<u>4<sup>th</sup> CHILD</u>		
Name: _____	Grade: _____	Circle: Male or Female
Special Notes/Allergies: _____		DOB _____
<u>5<sup>th</sup> CHILD</u>		
Name: _____	Grade: _____	Circle: Male or Female
Special Notes/Allergies: _____		DOB _____