



2022-23 Children's Ministries Registration Form

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>1st CHILD</u> | | |
| Name: _____ | Grade: _____ | Circle: Male or Female |
| Special Notes/Allergies: _____ | DOB _____ | |
| <u>2nd CHILD</u> | | |
| Name: _____ | Grade: _____ | Circle: Male or Female |
| Special Notes/Allergies: _____ | DOB _____ | |
| <u>3rd 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 DO** 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.

OR

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