

OPERATION OVERBOARD REGISTRATION & CONSENT FORM

FIRST UNITED METHODIST CHURCH OF HOBE SOUND

10100 SE Federal Highway | Hobe Sound, Florida 33455

Please Print

_____ (Child Name)			_____ (Date of Birth)		_____ (Grade Completed)
T-Shirt Size (Circle one)	XS (2-4)	S (6-8)	M (10-12)	L (12-14)	XL (16)
_____ (Parent or Guardian Name)			_____ (Parent or Guardian Email Address)		
_____ (Home Phone)		_____ (Work Phone)		_____ (Cell Phone)	
_____ (Address)			_____ (City)		_____ (Zip Code)
_____ (Emergency Contact Name Other Than Parent or Guardian)			_____ (Relation)		_____ (Phone Number)

MEDICAL INFORMATION

_____ (Current Medications and Dosages If None, Write None)		_____ (Allergies If None, Write None)	
_____ (Medical History If None, Write None)		_____ (Date of Last Tetanus Shot)	

INSURANCE INFORMATION

_____ (Employer)		_____ (Insurance Provider)	
_____ (Policy Number/Subscriber ID)		_____ (Group Number)	

EXPLICIT CONSENT AND RELEASE OF LIABILITY

I, the aforementioned parent or legal guardian of the above named child, consent to the following:

- My child may receive medical treatment in the event of illness or injury.
- Photographs of my child taken at First United Methodist Church of Hobe Sound events may be used in publicity materials for First United Methodist Church of Hobe Sound, including the church web site, Facebook or other social media.

I further release the First United Methodist Church of Hobe Sound, its employees and volunteers from any liability in the event of any accident in route, during or returning from any church events. In addition, I want to express appreciation for the church, its staff and the volunteers for giving of their time and resources to organize events for my child. This authorization and release is effective for one (1) year from the date signed.

_____ (Parent or Guardian Signature)	_____ (Date)
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Office Use Only Date Registered _____ Amount Paid _____ Check # _____ Scholarship _____