

**Children's/Youth Registration Form  
Coon Rapids United Methodist Church  
(one form per person covers all ministries)**



**Full name** \_\_\_\_\_  
Preferred name \_\_\_\_\_  
Birth date \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_  
Grade \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_  
Youth cell phone \_\_\_\_\_  
Youth Email address \_\_\_\_\_  
Allergies/special needs \_\_\_\_\_  
\_\_\_\_\_

**Father's full name** \_\_\_\_\_  
Address (only if different from child) \_\_\_\_\_  
\_\_\_\_\_  
Primary phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Mother's full name** \_\_\_\_\_  
Address (only if different from child) \_\_\_\_\_  
\_\_\_\_\_  
Primary phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

**- (Non-Parent) Emergency Contact -**

Name \_\_\_\_\_  
Primary phone \_\_\_\_\_  
Relationship to child/youth \_\_\_\_\_

☐ Please mark here if you **do not** want any photos/videos of your child published in any media form.

*I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Coon Rapids United Methodist staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Coon Rapids United Methodist Church's Children's/Youth programs when I or my emergency contact is unavailable to give such consent.*

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Initial \_\_\_\_\_ 2019-2020      Initial \_\_\_\_\_ 2020-2021

Initial \_\_\_\_\_ 2021-2022

**Please flip over and indicate activities of interest**



**My child/youth will be participating in the following activities:**

**Please initial for participation and off-site consent\***

Initial \_\_\_\_\_ **Faith Connections** for birth thru 12<sup>th</sup> grade. Sundays, 10:45-11:30 am.

Initial \_\_\_\_\_ **Confirmation Ministry** for 7<sup>th</sup> and 8<sup>th</sup> graders. Sundays, 8-9 am.

Initial \_\_\_\_\_ **Pathfinders** for Kindergarten thru 5<sup>th</sup> grades. **Wednesday evenings, 7 pm.**

Initial \_\_\_\_\_ **Youth Group** for 6<sup>th</sup> thru 12<sup>th</sup> graders. **Wednesday evenings, 7 pm.**

**Music Opportunities:**

Initial \_\_\_\_\_ **Light of Life Choir** for grades 1<sup>st</sup> thru 5<sup>th</sup>. Sunday morning practices, 10:15 am.

Initial \_\_\_\_\_ **Solid Rock Singers** for 6<sup>th</sup> thru 12<sup>th</sup> graders. Sunday morning practices, 10:15 am.

Initial \_\_\_\_\_ **Puppets and Sticks** for all ages. Sunday morning practices, 10:45 am.

**Circle T-shirt Size** YXS YS YM YL YXL AS AM AL AXL A2XL other \_\_\_\_\_

**To receive more info about these groups, please pick up a ministry brochure  
in the church lobby or contact the church office.**

**\*Off-Site Consent Activities:** I hereby give permission for my child(ren), listed above, to attend and participate in any or all of the children's/youth ministries available on Sunday mornings, Wednesday evenings, and any other scheduled activities sponsored by the Coon Rapids United Methodist Church children's/youth ministries. This includes, but is not limited to, events such as outreaches, retreats, community projects, meetings and special events that are scheduled at any given date and time. I also hereby give permission for my child(ren) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in any activity sponsored by Coon Rapids United Methodist Church.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form** to ministry tables on Rally Sunday, Sept. 9<sup>th</sup>, or e-mail to [kaylarae1981@gmail.com](mailto:kaylarae1981@gmail.com), or turn in to church office. Forms will then be distributed to the leaders of each ministry. Thank you!