



Herndon UMC Membership Survey/Registration for 2017-18

FAMILY INFORMATION (Please complete fully for at least one family member)

Household Name:		Residence Street Address:	
Home Phone:			
Mailing Address (if different):		Office Use:	
City:	State:	Zip:	

INDIVIDUAL INFORMATION

First Name/Initial:		Middle Name/Initial:	Last Name:
Nickname/Preferred Name:			Suffix (e.g. Jr.):
Gender:	Date of Birth*:	HS Grad. Year/Grade:	Individual Phone (cell):
Individual Email (best):			
Skills and Interests:			
Please list any allergies, health conditions, medications, food intolerance, or other needs for this individual.			
If you DO NOT want this individual's image in video or photographs published by Herndon UMC, please initial here. _____			
If you DO NOT want Herndon UMC to email this individual the Friday E-news and Newsletters, please initial here. _____			

FOR CHILDREN AND YOUTH ONLY

Emergency Contact (other than parent):	Phone (best):
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Permission for Participation and for Emergency Treatment, if necessary.

The child/youth listed on this form has my permission to attend Herndon United Methodist Church's programs and events. I hereby authorize Herndon UMC or the designated chaperone to seek medical treatment for my child, at the nearest facility, in the event medical care is required. I understand that neither Herndon UMC nor the adults in charge can be held responsible for any accidents or injuries that might occur.

**Herndon UMC will include only the names of minors with the family in the directory.
Herndon UMC will not include the names of minors with photos or videos, printed or online.**

Parent/Guardian Signature:	Date:
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THIS INDIVIDUAL INTENDS TO PARTICIPATE IN THE FOLLOWING PROGRAM(S):

A list of the opportunities at Herndon UMC for each age group can be found in the Connections & Opportunities brochure. (i.e. Ezra Ministry, Good News Study, Usher @ 9am)

**If you do not want to provide the actual year of birth, 1900 will be used in the database.*