

Xtreme SUMMER BLAST 2021

St. Mark's United Methodist Church Registration Form
For children 5 years old through graduated 5th grade



1st Child's Name: _____ Date of birth: _____

2nd Child's Name: _____ Date of birth: _____

3rd Child's Name: _____ Date of birth: _____

Home Address _____ City _____ Zip _____ Phone _____

Mother's Name _____ Employment _____ Cell Phone _____

Father's Name _____ Employment _____ Cell Phone _____

Best way to reach you: _____ Email: _____

Alternate phone numbers (cell, work, etc.) _____

Any special needs (allergies, illnesses, medications, etc.)

In case of emergency, who may we contact if parents are unavailable?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Who has authorization to pick up your child from Summer Blast? (if you cannot come)?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

St. Mark's United Methodist Church

Permission, Waiver and Release of Liability, Medical Permission

In consideration of being allowed to participate in any way in St. Mark's United Methodist Church (St. Mark's) related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facility and equipment to be used and if the member/participant believes anything is unsafe, he or she should immediately advise a staff leader of such condition and refuse to participate. This includes activities on any of the St. Mark's or other United Methodist Church campuses or any offsite location and any activity such as a party, clinic, rally, festival, picnic, service project, conference, camp, retreat, project, workshop, rehearsals, program, concert, performance or competitions, etc. We understand that off-campus activities involve risks that may be different from and even greater than risks associated with on-campus activities.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Give permission for hospital and medical treatment if necessary.
4. Give permission for St. Mark's to video and/or photograph member/participant while participating in activities and to use said videos and/or photographs in St. Mark's promotional media.
5. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE ASSUMED RESPONSIBILITIES BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name(s) of Parent(s)/Legal Guardian(s) _____

Name(s) of Child(ren) _____

Signature of parent/guardian _____ **Date** _____

Address of Family _____

Mom cell: _____ Dad cell: _____

OK to text? Yes or No

Alternate emergency contact information: Name _____ Phone # _____