

# Children's summer program Registration Form – Please complete both sides.



Child's name \_\_\_\_\_

Age \_\_\_\_\_ Grade in coming school year (Fall 2008) \_\_\_\_\_

Buddy Preference (only one) \_\_\_\_\_  
(Buddy must be registered.)

Parent Name \_\_\_\_\_ Email address \_\_\_\_\_

Parent Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

- T-shirt size:
- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Youth small   | <input type="checkbox"/> Youth medium  | <input type="checkbox"/> Youth large |
| <input type="checkbox"/> Adult small   | <input type="checkbox"/> Adult medium  | <input type="checkbox"/> Adult large |
| <input type="checkbox"/> Adult X-large | <input type="checkbox"/> Adult xxlarge |                                      |

**Children who are age 3 through rising 6<sup>th</sup> graders may register for all activities.  
One check may be written for all activities, made payable to East Cobb UMC, and attached to registration form.**

**Beach Party**, July 13-17 - 6 -8:30 pm. Children ages 3-11 yrs. (must be 3 by Sept. 1, 2007)  
**(Suggested donation of \$10.00 per child / \$25.00 family maximum)**

**Live BIG (Belief in God)**, Sundays June 1 – August 31, 9:45 AM. Children ages 3-11 yrs.  
No registration fee.

**Tee Shirt - \$10.00 per shirt. How many shirts?** \_\_\_\_\_

**Total amount paid \$** \_\_\_\_\_

For additional information on contact Cindy Campbell, 770-971-3643, or email  
Childministry@eastcobbumc.org.

**Media Release:**

I release the use of my child's image in regards to any publicity, such as print, Internet, videos, multi-media and/or film photography, connected to the events and programs at East Cobb United Methodist Church. By signing below, I comply with this waiver.

**Parent/Guardian Signature:**

\_\_\_\_\_

## Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

## First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

## Emergency Contacts

Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

## Medical History

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

---

---

**Other Information** that leaders should know about the child or adult participant:

---

---

Parent/Guardian Signature: \_\_\_\_\_