

Kids@Trinity

Children's Ministries Nursery-6th Grade

Trinity United Methodist Church

Child Information Form

2017-2018

1st Child: _____ Age & Grade: _____ / _____ DOB: _____

Sex: _____ School: _____

Allergies or other concerns: _____

2nd Child: _____ Age & Grade: _____ / _____ DOB: _____

Sex: _____ School: _____

Allergies or other concerns: _____

3rd Child: _____ Age & Grade: _____ / _____ DOB: _____

Sex: _____ School: _____

Allergies or other concerns: _____

Parent/Guardian Name(s): _____

Address: _____

Parent (s) Cell Phone #: _____

E-mail: _____

Emergency Contact Name: _____

Cell Phone: _____ Relationship: _____

My child/children will attend (circle all that apply):

Sundays: Nursery Sunday School (Preschool-6th Grade)

Wednesdays: Faith Friends/GAP (1st-6th grades) Choir (1st-6th grades) Bells (4th grade and up)

If your child attends Faith Friends or GAP, how will he/she get here? _____

Yes No (Circle one) My child (3rd-6th grade) will be an Acolyte at the 8:45 am service.
(*He/She will only need to do this once every 1-2 months.)

(Please turn over and sign the back!)

Through God's LOVE we GROW and SERVE!

Parent/Guardian Volunteer Opportunities:

Are you willing to volunteer to help teach Sunday School, help with Faith Friends/GAP, bring snacks etc.?

Don't be shy! We know our parents are talented! Do you have any special skills we might want to know about? (Sewing? Cooking? Musical Talents? Construction? etc...)

Release of all Claims

In consideration for being accepted by Trinity United Methodist Church for participation in all TUMC Children's Activities, I do hereby release, forever discharge and agree to hold harmless said church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, if any may be incurred by the undersigned participant while participating in the above described activity.

Furthermore, I hereby assume all risk of personal injury, sickness or death, damage and expense as the result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant during scheduled trips and/or activities.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

As participant, I hereby grant permission to transport me to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of any and all medical bills.

Further, should it be necessary for me as participant to return home due to medical reasons or otherwise, I hereby assume all transportation costs.

Publicity/Video/Media Release

I hereby give Trinity United Methodist Church the absolute right and permission to use, publish and republish photographs and/or video of my child taken during the dates contained by this release, in whole or in part. I assign all rights to the photographs to Trinity United Methodist Church and authorize the reproduction, sale, publication, transmission, broadcast, and/or distribution of said photographs without limitation. This may be include, but not be limited to brochures, newsletters, videos and/or websites. These images will be used for a variety of church related purposes and I understand these images may be used without further notifying me. I also give permission to publish address/phone information in the local youth directory. Demographic information only will be provided to the church office and United Methodist conference office if requested, but will not be shared with any other source.

Parent/Guardian Consent

I am the parent or the guardian of the above named minor and hereby approve of this release and give my consent. I will notify the Director of Family Ministries as any of the information on this form changes.

Signature: _____ Date: _____

If you have any questions or need any more information about Trinity and its other programs, please let us know here: