

Christ Church United Methodist Children's Ministry 2022 & 2023 Program Emergency Information

Child's Name _____ Age (As of 6/1/22) _____ Grade 2022-2023 School Year? _____

Birth Date _____ Name of friends participating in programs? _____

Parent's Names _____

Mailing Address _____
(Number and Street or P. O. Box) (City) (State) (zip)

E-mail Address _____ Home Phone Number _____

Mother's Cell Phone _____ Father's Cell Phone _____

- Check here if you would like to be Added to our CCUM Children's Ministry e-mail newsletter list and Stay up to date on programs & Activities!

Does child have any allergies or special needs?

No
Yes, please specify _____

Emergency Contact Numbers

Call 1st _____
(e. g. : "Mom's Cell" or "Dad at work" plus phone number)

Call 2nd _____

MEDICAL RELEASE

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of participant. In the event I cannot be reached, I hereby give permission to the physician selected by the church staff to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child, as named above.

Child's doctor _____ Doctor's phone _____

Hospital of choice _____

MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, _____, the parent/legal guardian of _____,
(Print your first and last name) (Print child's first and last name)

consent to my child's participation in the specified programs. In an emergency I can be reached at the numbers listed on this form. In the event that I cannot be reached, I authorize Christ Church staff to authorize or refuse necessary emergency treatment for my child. I further agree to indemnify, protect and hold harmless Christ Church, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Christ Church, as a result of my child's participation.

Parent's/Guardian's Signature

Date

Cancellation Policy:

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. A \$15 Cancellation Fee applies. Cancellation fees will be automatically deducted from any due refund. CCUM reserves the right to cancel an event or program due to insufficient registration with full refunds and notification.

**Christ Church United Methodist
2022-2023 School Year, Summer and off campus Permission Slip**

I hereby grant permission for my child _____ to participate in all the activities of Christ Church United Methodist off campus trips for 2022 & Summer 2023 .

I hereby grant permission for my child to leave the church premises under the supervision of an authorized adult for church related activities.

I hereby waive any claim against Christ Church United Methodist, The Woodlands, Texas.

I hereby grant permission for the Minister, Staff Person, Acting Director, or authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parents/guardians through the numbers listed on this form.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do any on or all of the following:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member
4. Any expenses incurred under item number 3 will be borne by the child's family.
5. The church will not be responsible for anything that may happen as a result of false information given at the time of registration.

Signature of Parent or Legal Guardian

Date _____
