



# First United Methodist Church - Wacky Wednesday Registration Form 2016-2017

(Please Print. Please use a separate form for each child)

**Child's Full Name** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender** Male / Female (please circle)      **Grade** \_\_\_\_\_      **School** \_\_\_\_\_

**Address**

Street \_\_\_\_\_ City, St, Zip \_\_\_\_\_

**Primary Parent/Guardian** \_\_\_\_\_ **Cell#** \_\_\_\_\_

Other # (Work, Home, etc) \_\_\_\_\_ Is it ok to contact you via text message? **Y** or **N**

**Email:** \_\_\_\_\_

### Medical and Emergency Information

**Allergies:** Please list any allergies your child has (including drug and food allergies)

Primary Physician & Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contact, if parent cannot be reached**

Name	Phone #	Relationship to child
_____	_____	_____
_____	_____	_____

*I hereby authorize First United Methodist Church, Sallisaw to allow my child to leave the facilities with the following persons:*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

The undersigned does hereby give permission for my child \_\_\_\_\_ to attend and participate in Wacky Wednesday at First United Methodist Church.

I would like First United Methodist Church to transport my child from school to Wacky Wednesday.

I will be transporting my child to Wacky Wednesday.

In the event of an emergency where medical treatment is required, I authorize an adult, in whose care the minor has been entrusted, to obtain the services of a licensed physician and/or hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred with such medical services rendered to the child. The undersigned does also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by First United Methodist Church, Sallisaw Children and Youth Ministries. I consent to the use of my child's image or voice in photographs, audio, and/or video recordings taken during the course of events for the 2016-2017 school year. I understand that, for the safety of the children at First United Methodist Church, I must come inside the building to pick up my child. Wacky Wednesday activities end at 6:00 p.m. unless children are staying while their parent(s) attend further evening activities.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_