



igNITE Retreat

CHILDREN MINISTRIES REGISTRATION FORM

For April 27th, 7pm – 10am

Please complete the information on this form so that we can better keep in touch with you and your child and help ensure a positive experience for your child in CUMC's children's ministries event.

Child's Name: _____

Grade: _____ Birthday: _____ Cell phone: _____ E-Mail Address: _____

Parent/Guardian(s) Name & cell phone: _____

Mailing Address: _____

Emergency Contact Name & Cell phone: _____

Other people who are allowed to pick up my child (name & cell phone):

Please read ALL of the following carefully; complete by circling Yes or No and sign:

1. In the event of an emergency, I consent to my child's receiving medical treatment deemed necessary by the examining physician and/or CUMC: **Y N**
2. I understand that Community United Methodist Church is not liable for any actions conducted by the above child should they leave a Community United Methodist Church-sponsored event before the scheduled ending time: **Y N**
3. I give my permission for my child to be transported to and from the retreat location at Baker United Methodist Church by the parents and leaders who are supervising the retreat: **Y N**

Allergies/medical information or other concerns:
(All health information given will be kept confidential.)

Special accessibility needed for your child's full participation:

- I would like to receive CUMC's monthly *ParentLink* e-mail (Children & Family Ministries Newsletter).
- I would like to receive CUMC's bi-monthly *E-Tidings* newsletter and weekly pastor's note via e-mail.
- I already receive electronic communication from CUMC.
- _____

Parent/Legal Guardian Name *(Print Clearly)* _____

Parent/Legal Guardian Signature _____ Date _____

Picture and Video Policy
Community United Methodist Church
2011-2012 Program/Academic Year

Community United Methodist Church uses photographs or video of some of its attendees to support and enhance its ministry. These might be rehearsed or posed photographs or videos, or they might be candid photographs and videos. Their purpose might be for use in worship services or other programs of the congregation, for advertising the ministries or programs of the congregation, or to post on the congregation's web site or on other web sites in which the congregation or its committees of related organizations participate. Group or individual photographs and videos might be used.

As much as possible, Community UMC wants to obtain specific permission from each person before using a photograph or video in which that person appears. You can assist the ministries of CUMC by allowing us to use the photographs and videos of you. If you are a parent or guardian of a person under 18 years of age, you must give your permission for us to use photographs and videos of your children/youth.

By signing your name below, you permit Community UMC to utilize photos and/or video images of your child(ren) for the reasons stated above. This permission applies to any photographs or videos taken during the 2011-2012 program/academic year.

(Printed First and Last Name of **Child**)

(Signature of **Parent/Guardian**)

(Date)

Please complete the information on the reverse of this form and return it to the office by April 1st, 2012 or the night of the event.