

DMC's Children's Ministry Summer Event Form

Registration and Emergency

Please check the programs you wish to enroll your children

U A.I.R. U V.B.S.

Please complete the information on front and back and return to:
Registration Box located in the Church Office

Child's Name: _____

Grade completed: _____ Age: _____ Birth Date: ____ / ____ / ____

Address: _____

City: _____ Zip Code: _____

Telephone: (____) _____

Cell phone: (____) _____ Email: _____

Parent(s) or Guardian: _____

Safety Precautions:

Only these people are allowed to pick-up my child:

Name: _____ Relation to child: _____

Name: _____ Relation to child: _____

Name: _____ Relation to child: _____

Name: _____ Relation to child: _____

Please call or e-mail Pastor Chris with any questions:
810-653-2484 ext. 203 chris@davisonmc.org

Emergency Section:

Emergency Contact person: _____

Phone Number that can be reached during Event:

1st Phone: _____ - _____ 2nd Phone: _____ - _____

Relation to child: _____

Any medical conditions: _____

Any food allergies: _____

Family Doctor: _____ Doctor's phone: _____ - _____

Medical Ins. Co. _____ Policy# _____

Emergency Release Authorization

I have been informed that my child will be participating in a number of activities, which carry with them a certain degree of risk. These activities might include swimming, boating, hiking, camping, field trips, sports and other activities offered by the church. I consent for my child to participate in these activities. I affirm that my child is physically fit and has the necessary skills to safely participate in these activities.

MEDICAL TREATMENT AUTHORIZATION

I understand that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to hire a doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses incurred in this treatment.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above. I also give my permission for church leaders to restrict my child from participating in any activity if they should doubt my child's ability or safety while participating.

Parent/Guardian signature _____ **Date** _____

Photo use Release Authorization

I give my permission for my daughter's / son's photo to appear in any advertisement, publication, or electric media that is created for the sole purpose of Davison Missionary Church.

Questions should be directed to the Davison Missionary Office at, 810-653-2484

Parent/Guardian signature _____ **Date** _____