

Family # \_\_\_\_\_

# MSTUMC

## Child Registration Form

FAMILY LAST NAME: \_\_\_\_\_

PARENTS' FIRST NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name of Child	Date of Birth	Grade

**ALLERGIES/SPECIAL NEEDS:**

I \_\_\_\_\_, the parent / legal guardian of the above-named children hereby authorize the leaders, volunteers and staff of Manassas St. Thomas United Methodist Church to care for the administration of first-aid treatment for any minor injuries my child receives during their Sunday School class(es). If any injury sustained is life-threatening, or requires emergency treatment, I authorize the leaders, volunteers and staff of Manassas St. Thomas United Methodist Church to summon any or all professional emergency personnel to attend, transport, and treat my child until I can be notified and take over responsibility.

I agree to hold harmless any leaders, volunteers and staff of Manassas St. Thomas United Methodist Church, as well as the United Methodist Conference from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_