



**Please Print All Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M \_\_\_ F \_\_\_

Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: **Adult Child** S M L or Adult XL Adult XXL

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is your child on daily medication? Y/N \_\_\_\_\_ if so, medicine name, dosage, and reason: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Please list the names of those who will be allowed to pick up this child (other than parent/guardian):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are you a member of Spring Woods UMC? Y/N \_\_\_\_\_

**Medical, Publicity and Child Release Authorization**

I, the parent and/or legal guardian of the above named minor do hereby appoint Spring Woods UMC to act on my behalf in authorizing emergency medical, dental, surgical care and/or hospitalization for this child in the event I cannot be reached. I agree to be financially responsible for all treatment. I give permission for my child to be picked up by the persons listed above. I give permission for my child's picture to be used in all Spring Woods UMC publications.

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

Please return form to Spring Woods UMC, 1711 Cypress Creek Pkwy, Houston, Texas 77090. All VBS questions may be directed to Renee Arrington at [childrensministry@SPRINGWOODSUMC.ORG](mailto:childrensministry@SPRINGWOODSUMC.ORG) or through the church 281-444-6468.

**Last Day for Registration is May 27, 2018**