



PLEASE COMPLETE ONE FORM PER CHILD. PRINT CLEARLY.

For more information visit [www.woodwayfumc.org](http://www.woodwayfumc.org)

# 2011-2012 Permission & Liability Release Form

Child Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Will your child need transportation from their school campus to our church building? YES NO

(We provide this service for Midway ISD & Lorena ISD. Other campuses will be decided on a case by case basis.)

This child will participate in: **(CIRCLE ALL that apply)**

Wacky Wednesdays (K-6th): 3:30 - 5:00 pm    Lifting Praises Choir (K-6th): 5-5:30 pm    Chime Choir (4th-6th): 5:30 - 6 pm

Medical / Food Allergies? YES NO If yes, please list details on the back of this form.

I, \_\_\_\_\_ (PRINT parent's full name), do hereby grant permission for my child, \_\_\_\_\_ (PRINT child's full name), to participate in all planned activities of the Woodway First United Methodist Church W.A.C.K.Y. Wednesday Children's Ministry. I release Woodway First United Methodist Church and any and all of its duly appointed representatives from any liability in the event of an accident while either transporting to WFUMC or any other predetermined locations and/or participating in the WACKY Wednesday activities at said locations. Further, I authorize any duly appointed representative of the church to seek emergency medical aid for my child in the event of an accident. I, by my signature, grant this permission for a period of one year.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\*\*Please attach a copy (front & back) of your medical insurance card.\*\*\***

Parent/ Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent / Guardian's email address (PRINT CLEARLY): \_\_\_\_\_

**\*\*\*WW announcements will be primarily sent via email. Contact us ASAP if you do not receive the weekly updates.\*\*\***

Are you available to TEACH or ASSIST in this ministry? YES, weekly YES, as a substitute NO

Are you available to serve as a DRIVER for this ministry? YES, weekly YES, as a substitute NO

If "Yes" to either of the above, have you attended a Safe Sanctuary Training since August 2007? YES NO

Which month would you prefer to provide the group snacks & drinks? **\*PLEASE CIRCLE 2 MONTHS PER FAMILY\***

Sept Oct Nov Dec Jan Feb Mar Apr May (You will be contacted with details.)

**Emergency Contact (different than above):** (Please list the best contact information for Wednesday afternoons.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*\*Completed form AND copy of medical insurance card must be received by Fri., Sept. 2! WW will begin on Sept .7!**

Please mail to: Shawna Furman, Woodway FUMC, 21000 Woodway Drive, Woodway, TX 76712

**OR** scan and email to [wfumcgraceministries@yahoo.com](mailto:wfumcgraceministries@yahoo.com)