

Child/Youth Name _____

Birth date _____ Grade _____

Home Address _____

Student Cell # _____ Home # _____

Parents / Guardian _____

Cell # _____ Other # _____

Parents / Guardian _____

Cell # _____ Other # _____

Emergency Contact _____

#s _____

Allergies / Health Concerns _____

Insurance _____

Policy _____

Other Information or names of those who may pick my child up. _____

I give permission for my child to participate in all activities sponsored by Cold Springs UMC and for adult leaders to seek emergency medical care if parent/guardian cannot be reached. I will not hold the leaders or Cold Springs UMC responsible in the event of an accident involving my child. Date _____

Signed _____