

Summer Fun Release Form

Parent/Family/Guardian Name _____

Address _____

Phone Numbers: Cell _____ Home _____ Work _____

E-mail Address _____

Participant Information: (Child's Name) _____

Date of birth _____ Age _____

Allergies/Medical Information/Other _____

Participant Information: (Child's Name) _____

Date of birth _____ Age _____

Allergies/Medical Information/Other _____

Participant Information: (Child's Name) _____

Date of birth _____ Age _____

Allergies/Medical Information/Other _____

Emergency Contact

Name _____ Phone _____

Dismissal Information - Name(s) of person(s) who may also pick up from Summer Fun:

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the child(ren) named above, do hereby consent to the participation of my child(ren) in the "Summer Fun at Grace" conducted by Grace United Methodist Church. I certify that my child is physically fit and adequately prepared to participate in this event.

Photo Release Information:

By participating in "Summer Fun" at Grace United Methodist Church, the parent/guardian is giving permission for the participant's photo to be used in Grace United Methodist Church publications, print or online, unless Grace United Methodist Church is given written request from the parent/guardian to the contrary.

Parent/guardian signature _____ Date _____