

# Trinity United Methodist Church

## Children's Ministry Information Sheet



### Your Children:

Child's Name	Birthdate	Grade	Allergies/Other Info

Parent/Guardian Name(s):

Email address:

\_\_\_\_\_

\_\_\_\_\_



Mailing Address:

\_\_\_\_\_

Phone Number(s):

1. \_\_\_\_\_ ☐ HOME \_\_\_\_\_ ☐ CELL \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_

2. \_\_\_\_\_ ☐ HOME \_\_\_\_\_ ☐ CELL \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_

3. \_\_\_\_\_ ☐ HOME \_\_\_\_\_ ☐ CELL \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_

4. \_\_\_\_\_ ☐ HOME \_\_\_\_\_ ☐ CELL \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_

### LIABILITY WAIVER and PHOTO CONSENT

I agree to indemnify and hold Trinity United Methodist Church, and its paid and volunteer staff, harmless for personal injuries to others or property damage which result from my child/ren's participating in the course of activities for all church events. I also consent to the use of any image that includes my child/ren for promotional purposes on a web site, in brochures or on other church publicity.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_