

# WONDERS in THE WOODS

bsumc

program

BSUMC  
P.O. Box 3  
Cleveland, TN 37364  
423.476.5586  
www.bsumc.org  
mhketch@bellsouth.net

## 2010 information form

**This form will NOT be accepted unless it is complete and notarized.**

The undersigned does hereby give permission for my child, \_\_\_\_\_ to attend and participate in the following: **Wonders in the Woods Day Camp Program of Broad Street United Methodist Church: June 28, June 29 and June 30, 2010 at Johnston Woods.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization and further agrees to indemnify and hold harmless Broad Street United Methodist Church, its agent and employees, from any and all claims for medical expense and/or injury that may arise from the activity here and above described.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Broad Street United Methodist Church.

\_\_\_\_\_  
Parents'/Guardian Signature

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signed before me on this date

\_\_\_\_\_  
My Commission Expires

**Please Complete Both Sides**

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### PLEASE PRINT

Fill out completely, leaving no blanks. If not applicable, please enter N/A.

Child	_____	_____	_____
	Name	Date of Birth	Social Security Number
Address	_____	_____	_____
	Street	City	State
			Zip Code
Contact Info	_____		
	Family Email Address		
	_____		
	Home Phone Number		
School	_____		
Parent/Guardian	_____	_____	_____
	Name	Parent Cell/Work Phone Number	Parent Email Address

May we use your photo on the church's website, newsletter, etc.?  Yes  No

### PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Please make sure to include your subscriber ID number and group number.

Secondary Emergency Contact	_____	_____	_____
	Other Than Parent/Guardian	Name	Relationship to Youth
Contact Info	_____	_____	_____
	Home Phone Number	Cell Phone Number	
Date of Last Tetanus Shot	_____		
Insurance	_____	_____	_____
	Company	Subscriber ID Number	Group Number
	List ALL Medications Being Taken		List ANY Allergies
	_____		_____
	_____		_____
	_____		_____
Please list any special needs, conditions, or limitations of which we need to be aware:	_____		
	_____		

Please Complete Both Sides