

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 **all activities related to the Wonders in the Woods Tent Camping Program of Broad Street United Methodist Church:**

C.B.C. Camp - June 17-18

C.I.T. Camp - June 18-22

Tadpoles Camp - June 25-28

Wolverines Camp - June 29-July 2

Confirmation Camp - July 5-9

Dragonflies - July 12-15

Woodchucks - July 16-19

We (I), the undersigned parent/guardian, acknowledge that there are inherent and understood risks of personal injury associated with the activities as set forth above.

In the event of injury, we (I), the undersigned parent/guardian, authorize any adult person, 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.

We (I), the undersigned parent/guardian, 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 agree(s) 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.

| | | | |
|-------------------------|--|------------------------|----------|
| Youth _____ | _____ | _____ | _____ |
| Name | Date of Birth | Social Security Number | |
| Address _____ | _____ | _____ | _____ |
| Street | City | State | Zip Code |
| Contact Info _____ | | | |
| Family Email Address | | | |
| Home Phone Number _____ | Youth Cell Phone Number <i>(if applicable)</i> _____ | | |
| School _____ | T-Shirt Size: S M L XL XXL (circle one - adult sizes) | | |
| Parent/Guardian _____ | _____ | _____ | _____ |
| Name | Parent Cell/Work Phone Number | Parent Email Address | |

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