



## Family Registration Form –Summer Program 2018

Please review the following information closely.

- Staging A Miracle is a family program, offering classes for both adults and children. As such, parents/guardians are encouraged to participate. Children between the ages of 2 - 6 are expected to have a parent/guardian with them in their classes to help ensure a safe and rich learning environment for all.
- Staging A Miracle reserves the right to ask a family to leave the program at any time should the Leadership Team deem it necessary to preserve the well-being of the program and/or other participants.
- Consent is given to use participants' likenesses to promote Staging A Miracle.

By signing below, I am agreeing with the following statement:

My family and I will participate in Staging A Miracle 2018 and will comply fully with the above guidelines. I understand that failure to comply with these policies may result in the removal of one or all of my family members from participation.

On behalf of myself, the minor child/children, respective heirs and representatives, I agree to release First United Methodist Church (FUMC), SAM, and all of the FUMC and SAM employees and volunteers from liability for any injuries, claims, losses, damages, expenses, including attorney fees that my minor child/children may sustain from participating in SAM. I release and discharge FUMC, SAM, and FUMC and SAM employees and volunteers from any and all claims, demands, causes of action of any nature for any such injury or damage incurred or suffered by the minor child/children. I fully understand this agreement waiver, and sign it of my own free will.

\_\_\_\_\_  
Parent/Guardian Signature                      Printed Name                      Date                      Relationship:

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
2nd Parent/Guardian Signature                      Printed Name                      Date                      Relationship:

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please provide an emergency contact name and phone number:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) I do hereby solemnly swear that I have legal custody of the aforementioned minor children. I grant my authorization and consent for \_\_\_\_\_ (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the participating minor. If the injury or illness is life threatening or requires emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is effective upon execution (signature) and expires 6 months thereafter.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

### Child #1

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_  
Number of summers this child has participated in Staging A Miracle, if any: \_\_\_\_\_

**Please note** any medical or other considerations (for example, food or medicine allergies, conditions, or custody orders) that you feel we need to be aware of to ensure a rich and safe experience for your child. SAM staff and volunteers will maintain any information that you disclose in this section as confidential unless you note otherwise.

### Child #2

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_  
Number of summers this child has participated in Staging A Miracle, if any: \_\_\_\_\_

**Please note** any medical or other considerations (for example, food or medicine allergies, conditions, or custody orders) that you feel we need to be aware of to ensure a rich and safe experience for your child. SAM staff and volunteers will maintain any information that you disclose in this section as confidential unless you note otherwise.

### Child #3

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_  
Number of summers this child has participated in Staging A Miracle, if any: \_\_\_\_\_

**Please note** any medical or other considerations (for example, food or medicine allergies, conditions, or custody orders) that you feel we need to be aware of to ensure a rich and safe experience for your child. SAM staff and volunteers will maintain any information that you disclose in this section as confidential unless you note otherwise.