

**K-5 Alive!**  
**Parental Permission Form &**  
**Participant Information Sheet**

Participant's Full Name (please print): \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in 2011-2012 Public School Year (circle one) K 1 2 3 4 5 School Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone(s): Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone(s): Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy number/ Group number: \_\_\_\_\_

Please list any allergies, physical or mental limitations, medications needed, or other things we should be aware of concerning your child during this event:

\_\_\_\_\_  
\_\_\_\_\_

**Parent Permission & Waiver of Liability**

I, \_\_\_\_\_ (name of parent/guardian) give permission to my son/daughter, \_\_\_\_\_ to participate in WCUMC's **K-5 Alive! Program** to be held on **Wednesdays, beginning January 25, 2012 and continuing through March 14, 2012 from 4:30-6:30 pm** at **WCUMC**. I understand that the children will also be asked to share what they have learned through playing handbells and/or performing mime at several Sunday morning Worship Services.

In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we authorize WCUMC staff or a designated adult sponsor to give such consent for us if we cannot be reached at the phone number indicated above or because of an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

In consideration of my child being allowed to participate in this WCUMC event, I, being the undersigned, intending to be legally bound, hereby waive and release all rights and claims for damages for injury, accident, or liability of any kind which I might have against Wesleyan Chapel UM Church, WCUMC staff, volunteer leaders and other participants. I acknowledge that my child will participate at his/her own risk.

I also consent to my child being photographed by church representatives while participating in this event for use in church communications, publications, bulletin boards, and on the church website. I have read and understand the Safe Sanctuaries policy found on the WCUMC church website [www.wesleyanchapel.org](http://www.wesleyanchapel.org) under Member Resources.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participation Covenant**

I, \_\_\_\_\_ (participant), agree to follow all rules, participate fully in activities, and respect the adult leaders and other students at all times during the above named event. I understand that if, at any time, leaders determine I am not following through with this covenant; my parents can be contacted and I may be unable to participate in the entirety of this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form along with your \$25 Registration Fee to:  
Wesleyan Chapel UMC, 10255 US Hwy 17 N, Wilmington, NC 28411