

**MISSION MANIAC (Entering 6th Grade) Participation Form**

Because this group participates in most of their activities off-campus, we need more information and permission from you.

This is the form that will travel with your 6th-grade child as they complete missions in the community. Thanks so much!

Mission Maniac Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ \*Will be sending most communication by email.

Preferred Phone \_\_\_\_\_ Alternate \_\_\_\_\_ Work \_\_\_\_\_

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_ Grade (Fall 2024) \_\_\_\_\_

Parents Name(s) \_\_\_\_\_ Church Home \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies / Pertinent Medical Information \_\_\_\_\_

T-shirt Size Child YXS \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ YXL \_\_\_\_\_  
Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

**T-shirts can only be guaranteed if registration forms are received by June 1, 2024.**

*A small donation of \$5 is appreciated for a t-shirt but is not expected.*

I give my permission to LUMC to use the name, image, & likeness, including photo, video, and voice of my child in various media. \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you be willing to volunteer at VBS? \_\_\_\_\_ YES \_\_\_\_\_ NO

Area of interest? \_\_\_\_\_ t-shirt size \_\_\_\_\_

**Release and Medical Authorization**

I give \_\_\_\_\_ my permission to participate at Lakewood UMC during VBS, June 24-27, 2024. I fully understand the dangers and risks involved in the activities that my child will be participating in and will assume all responsibility for injury in connection with them, releasing and discharging LUMC and the Counselors/Sponsors involved with this event of responsibility. I understand that 6th-grade children will be taking field trips, and I give my permission for my child to be transported in the church van and/or bus. They may also need to fill out additional permission forms from the individual venues.

I also hereby give permission to Lakewood UMC and its agents to take the above-named child to the doctor, emergency room, medical facility, or hospital if, in the opinion of the employee or agents of Lakewood United Methodist Church, said child requires medical attention.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Employee's Name \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_