

Green Mountain United Methodist Church (GMUMC)  
12755 West Cedar Drive Lakewood, CO 80228 ~ 303-989-3727

**Registration for ALL Outings & Lock-ins 2009-2010**

*Registrations will be kept on file so that you only have to fill out specific event permission slips.*

As parent/guardian of the minor(s) mentioned herein, I give permission for:

Youth's name: \_\_\_\_\_ Cell # \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Youth's Email: \_\_\_\_\_ My Space/ Facebook: \_\_\_\_\_

Activities youth is involved in \_\_\_\_\_

To participate in GMUMC Youth events for the school year 2008-2009:

I understand that my youth / child may be in the church for some events,  
Transported by private vehicle for others or I will be responsible for getting them to & from the events

In case of emergency, I can be reached by phone at the following numbers:

\_\_\_\_\_ Or \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency, and I cannot be reached, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

My youth/child's allergies / medical / other concerns, please be VERY detailed & specific: \_\_\_\_\_

Medications your child may be bringing: \_\_\_\_\_  
(please give all medication to an adult prior to leaving)

Specify the schedule / timing that medications should be taken: \_\_\_\_\_

Signed Permission Slips are still **REQUIRED** for specific outings / events – Top half only.

I will not hold Green Mountain United Methodist Church or its representatives responsible for any incident in which my child is involved. I give permission for medical care in case of emergency.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please print your name: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's Email address: \_\_\_\_\_