

Hero Headquarters Registration Form

Name _____

Date of Birth _____ Grade Completed _____ Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Emergency Contact Name and Number _____

Special Needs/Allergies _____

Is there a special friend your child would like to be with?

Class/Crew Assignment
(completed by church)



Check all that apply:

- I give the staff of Trinity United Methodist Church permission to administer first aid to my child. In case of emergency, the staff promptly contacts parents/guardians. If neither the parent/guardian or emergency contact can be reached, and in case of medical emergency, I hereby give permission to the physician selected by the staff person in charge to secure proper treatment for my child via emergency medical personnel and procedures.

- I give my permission for my child to be included in photographs or videos during Summer Club/Vacation Bible School.

Signature

Date

