

TRANSPORTATION

_____ My child needs a ride from:

_____ Stewart _____ Lincoln _____ St. James

PLEASE NOTE: A recruited adult will be allowed to drive your child following the Safe Sanctuary Policy if a signature is below.
However, children from Stewart and Lincoln will be bussed by Washington Community School District Busses.

The following persons are allowed to pick up my child after Kidz Klub or The Way (please list parents/guardians as well):

VOLUNTEERISM

PLEASE NOTE: All volunteers are required to submit to a background check and other screenings before they are allowed to volunteer inside the church. As a safety precaution, two adults will be present at each activity that is reasonably possible.

_____ I would like to help with one or more of the following areas: (please specify early out or regular out)

| | |
|--|-------------------|
| _____ Preschool | _____ Music |
| _____ Kindergarten/First Grade | _____ Art |
| _____ Second/Third Grades | _____ Games |
| _____ Fourth/Fifth Grades | _____ Story Time |
| _____ Hall Supervision | _____ Serve Snack |
| _____ Assist a mentally or physically disabled child | |

_____ I am willing to bring a snack if requested to do so.

_____ I am willing to help car pool from:

_____ Stewart _____ Lincoln _____ St. James

(Number of seats available in your vehicle: _____)

AUTHORIZATION

The undersigned represents that he/she is the custodial parent/legal guardian of the above identified participant. The above child has my/our permission to attend Kidz Klub at the United Methodist Church of Washington, Iowa. This permission is given by me/us with full knowledge of the conditions and activities contemplated during each session. The participant has no physical or mental disabilities that would impair their participation except as noted above. I/We will not hold the church, conference or Kidz Klub personnel liable for injuries suffered as a result of the participant's own voluntary actions.

I give permission and consent to the child listed above to participate in all activities and to allow photographs, videotapes and interviews to be taken during these sessions. I further give permission and consent to any such photographs, videotapes, or interviews to be published and used to illustrate, report, promote, and advertise the church. Use of any such photographs, videotapes, or interviews may include, but is not limited to, use in websites, catalogues, brochures, flyers, and general promotional materials.

I understand that the church insurance policy is an accident policy, not a medical illness policy, and is a supplemental policy only. It will pay whatever my own insurance does not cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be sent to the parent/guardian who is responsible for direct payments to physician, hospital, clinic, etc.

The participant is currently taking only the medications above. The participant has no allergies known to me/us except as noted in this form. The health information/history is correct as far as I/we know.

In the event of illness or injury, I/we authorize the physician and/or hospital to undertake such treatment of, and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

I acknowledge that all above information is true to the best of my knowledge.

Signature of Parent/Guardian

_____/_____/_____
Date

Please check the box if you consent for your child to walk to/from any Kidz Klub Activity.