



Cedarburg
Community
United Methodist Church

SPLASH PARTY REGISTRATION FORM

Please complete this form to register your child for our Splash party at Cedarburg Community United Methodist Church (CUMC). This information is necessary to ensure that your child is kept safe and/or should we need to contact you during the party. This information is considered confidential and will be maintained by Stevie Stibor, Director of Children and Student Ministries.

Permission is granted for:

(Child's Name) PLEASE PRINT

to participate in our splash party on **Friday, July 19, 2024**. Dropoff time at CUMC is **2:00 p.m.** and parents must pick up their child at **5:00 p.m.** unless other arrangements have been made with Stevie.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency.

Child's Date of Birth:

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epipen** Yes No (B) **Inhaler** Yes No

Photo Release Permission I hereby grant permission for CUMC to take photos of my child that may be used on the Cedarburg Community United Methodist Church's social media pages and/or website. Yes No

To Any Doctor or Hospital, I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this party.
Yes No

Parent/Guardian Name:

Date:

Parent/Guardian Signature:

Please return completed forms to Stevie Stibor by Friday, July 5, 2024 either via drop off in the church office or via email at stevies@cedarburgcumc.org.