

**Transportation: My child has permission to ride in a private car to the below locations on the specified dates. Seat belts will be *required* to be worn in all vehicles. The responsible adult who is transporting my child has my permission to take my child to the nearest hospital in search of medical care if necessary.**

I give my child, \_\_\_\_\_, permission to participate in all of the following Service Squad mission activities:

July 15: Troutville Baptist Food Pantry

July 16: Community Outreach Program (Roanoke)

July 17: Yard work @ Calvachio Residence

July 18: Matthew’s Child - Roanoke

July 19: Solomon’s Mission

Regarding this ministry, would you allow St Mark’s UMC to place your child’s name or picture in a church related newspaper article, web page, video, or bulletin board?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent of Guardian)

\_\_\_\_\_  
(Date)



# Student Information and Registration Form

Service Squad Member Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Age Information:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Last School Year Completed: \_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies/Medical Information: \_\_\_\_\_

Emergency Contacts:

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

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

Dismissal Information:

Names of persons who may pick up this child after Service Squad event:

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