

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: Solomon’s Mission, Buchanan

July 16: New Freedom Farm, Buchanan

July 17: Solomon’s Mission, Buchanan

July 18: Kid’s Soar, Roanoke

July 19: Roanoke Rescue Mission, Roanoke

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:
