

WAVE MINISTRY
FAMILY INFORMATION FORM

Mother's Name _____ CUMC Member? Yes No CUMC Visitor? Yes No
Father's Name _____ CUMC Member? Yes No CUMC Visitor? Yes No
Street Address _____
City, State, Zip _____
Email address _____
Preferred phone number for contact _____
Emergency Contact name and phone number _____

Child #1 Full Name _____ M or F
Goes by _____
Date of Birth _____ Age _____ Grade _____
Food/Medical concerns or Allergies _____

Child #2 Full Name _____ M or F
Goes by _____
Date of Birth _____ Age _____ Grade _____
Food/Medical concerns or Allergies _____

Child #3 Full Name _____ M or F
Goes by _____
Date of Birth _____ Age _____ Grade _____
Food/Medical concerns or Allergies _____

Photo/Video Release:

I am aware that photographs or video may be taken of Chapin United Methodist Church (CUMC) Children's Ministry participants during events, activities, and classes by CUMC staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs of my child.

I release CUMC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give CUMC and its representative's permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, postcards, social media, and web pages.

- Yes, I agree to above stated photo release.
- No, I do not agree to above stated photo release.

Signature _____

Date _____