



First United Methodist Church
300 N. Main Ave, Newton, NC 28658

Presents

HIGH SEAS

July 25-29, 2010
5:30 PM—8:00 PM

For additional forms please visit our website at www.fumcunewtonnc.org
call the church office at 464-8422. One form per child. Please register by
Sunday, July 18.

Babies —rising 6th graders
Adult Class will be offered

Name: _____

Address: _____

City: _____ Zip: _____ Age: _____

Email address: _____

Date of Birth: _____ Home Telephone: _____

Cell Phone: _____ Last school grade completed: _____

Parent(s) Name: _____

Emergency contact and phone number: _____

Allergies or other medical conditions: _____

Name of a special friend your child might like to be with: _____

Please circle the appropriate size:

T-shirt size: Child S M L
 Adult S M L XL XXL

Medical & Liability Release – Valid July 25-29, 2010

In the event of sickness or some medical emergency, I request that my child _____ receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit my child for care. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of First United Methodist Church.

Signature of Parent or Guardian _____

Insurance Information: Company _____

Number: _____

Group: _____

A light meal will be served each evening at 5:30 PM

PARENTS, please meet your children in the Sanctuary each night at 8:00 PM.

