



# TNT Registration

TNT = Tweeners iN Transition (5<sup>th</sup> & 6<sup>th</sup> Graders)

St. Mark's United Methodist Church  
Children's Ministry  
5005 Love Road El Paso, Texas 79922

June 2011- May 2012

Parent(s) /Legal Guardian(s) Names: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone Mom Cell Phone Dad

Street Address / P.O. Box City State ZIP

Email Addresses (if you use it): \_\_\_\_\_

<b><u>1<sup>st</sup> CHILD</u></b>			
Name: _____	Circle Grade: 5 <sup>th</sup> or 6 <sup>th</sup>	Circle: Male or Female	
Special Needs/Allergies: _____		BD _____	
<b><u>2nd CHILD</u></b>			
Name: _____	Circle Grade: 5 <sup>th</sup> or 6 <sup>th</sup>	Circle: Male or Female	
Special Needs/Allergies: _____		BD _____	
<b><u>3<sup>rd</sup> CHILD</u></b>			
Name: _____	Circle Grade: 5 <sup>th</sup> or 6 <sup>th</sup>	Circle: Male or Female	
Special Needs/Allergies: _____		BD _____	

Children & Family Director: Brenda Smith, 581-4444 x237 bsmith444@live.com

## Emergency Medical Release Form

Doctor's Name Phone

### INSURANCE INFORMATION

Name of Emergency Contact Person Relationship Phone

I give permission for my child to be treated as necessary in case of a medical emergency by those whom I have placed in their care.

X \_\_\_\_\_  
Parent / Legal Guardian Signature Date



**Youth Medical Consent and Release Agreement**

To be filled out by parents or legal guardians of participants under 18 years of age.

I, \_\_\_\_\_, the parents and /or guardian (circle one) of \_\_\_\_\_, a minor child, hereby acknowledge that said child is presently under my care, custody and control. I hereby give said child my express permission to participate in all regular and special St. Mark's UMC youth activities, both at and away from St. Mark's UMC, including specifically and without limitation of travel to and from, and participation in all aspects of the TnT Related events on or off campus. **Between June 2011 and May 2012 dates.**

In the event there arises an emergency necessitating medical and/or surgical attention, I hereby consent and give my permission to St. Mark's staff, members, volunteer leaders, other representatives, or any attending physician, to make such decisions and to consent to or perform such medical treatments and/or surgery upon said child which may in their sole discretion be necessary and proper under the circumstances.

*I the undersigned parent and/or guardian of said child, do release, acquit, discharge and covenant to hold harmless St. Mark's UMC, its staff, members, volunteer leaders, other representatives, agents, servants, or employees, from any and all actions, damages or liabilities arising out of any sickness or injury incurred by said child at any time in such activities, or incurred at any time in the treatment of any such sickness or injury.*

I also give my permission for the above named child to be transported to and from St. Mark's by an approved personal vehicle or church approved vehicle arranged and supervised by authorized and licensed church staff, members, volunteer leaders, other representatives, agents, servants, or employees of St. Mark's UMC to travel locally for events.

I give permission to take pictures of my child and use them in church publications.

Parent and/or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Volunteers Registration

My Name \_\_\_\_\_

Best Contact to use: Phone(s) and/or Email Address on front of Reg. \_\_\_\_\_

Other Info Needed: \_\_\_\_\_

**CHOOSE BEST TIME** that you can help for Sunday Class at 11:00am.

**1<sup>st</sup> Sunday's of Month:** \_\_\_\_\_

**2<sup>nd</sup> Sunday's of Month:** \_\_\_\_\_

**3<sup>rd</sup> Sunday's of Month:** \_\_\_\_\_

**4<sup>th</sup> Sunday's of Month:** \_\_\_\_\_

**5<sup>th</sup> Sunday's of Month:** \_\_\_\_\_

**PREFER:**  Teaching the lesson  
 CO-LEADER

Yes, call me, I am willing to help with Socials (Coordinating, planning, attending, food, host, assist, \$\$)

Yes, I want to Coordinate a couple of Mission projects!

Yes, I can help lead and/or assist with Retreats.

Yes, I can be the Communicator of the Group. Make phone calls and send Emails.

Yes, I can substitute on occasion! Just ask.

PLEASE MAKE SURE YOU LET THE COORDINATOR KNOW IF THERE IS A CHANGE IN YOUR PLANS AND YOU CANNOT ATTEND WHEN SCHEDULED! We do count on you☺