

Tsunami FX 2019
Parent/Guardian Consent Form

(This form needs to be turned in by September 29th along with a \$60 deposit.)

I, _____, am the parent or legal guardian of _____ (herein “my child”), and I am informed of the activities offered by Rocky Mount Church, 1739 Perth Road, Mooresville, NC, beginning on the day of November 8, 2019, and ending on November 10, 2019..

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Rocky Mount Church.

PLEASE EMAIL tammy@rockymountchurch.com STUDENTS T-SHIRT SIZE BY OCTOBER 1st TO ENSURE YOUR SIZE IS AVAILABLE

Signature of Parent or Guardian

Please cut off the top portion and return it to Rocky Mount Youth Dept.

Dear Parent or Guardian,

We would like to invite your student to join us on the FX2019 Weekend Experience with Tsunami Ministries at Ridgecrest Conference Center in Black Mountain, NC.

The cost is \$150 per student and includes lodging, programming, meals and more.

We will leave the church at 5pm on Friday November 8th and should return to the church by 2:30 on the following Sunday. As always, we will stop for dinner on the way and lunch on the way home. Students will need to bring money for dinner Friday. The youth ministry will cover their meal on the way home.

We have a limited number of open spots for this retreat, so if you would like to attend, I need your completed forms and deposit of \$60 **no later than September 29th**. After this date, the remaining spots will be cancelled and you will only be able to be attend if there are openings at the camp.
(Please make checks payable to Rocky Mount)

Camp balance of \$90 is due by October 27, 2019.

We will have a mandatory information meeting for parents and students on October 27, 2019 immediately following the 11:00am service in the Boathouse.

If you have questions, please call 704-528-5525 or email tammy@rockymountchurch.com

Blessings,
Tammy Gary



T S U N A M I
m i n i s t r i e s



Rocky Mount

UMC OF LAKE NORMAN

YOUTH MINISTRY Medical Information and Release Form

Student Information

Name _____
Birthdate _____ T-Shirt Size _____
Address _____
City _____
State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____

Parent Information

Mother _____
Address (if different) _____
City _____
State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____
Father _____
Address (if different) _____
City _____
State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____

Emergency Contacts

Name _____
Home Phone _____ Cell Phone _____

Name _____
Home Phone _____ Cell Phone _____
Family Physician _____
Phone _____

Past Medical History

Check any that apply

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Diabetes _____ Heart trouble _____ Dizziness _____ Stomach problems _____ Hay fever _____
Other _____

Allergies

Foods _____
Drugs _____
Insects _____
Vegetation _____

Previous operations or serious illnesses

Name and dosage of current medications

If Known: Blood Type _____ Date of last Tetanus shot _____

Childhood diseases

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____
Other _____

PERMISSION FOR TREATMENT

In the event that I/we the undersigned parent(s) or guardian(s) of _____, a minor, cannot be reached, I/we do hereby authorize adult workers for the youth group of Rocky Mount UMC of Lake Norman, Mooresville, North Carolina as agent(s) for the undersigned, to consent to any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel licensed under the provinces of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

RELEASE OF LIABILITY

I/We, the undersigned, do hereby release, remise and forever discharge Rocky Mount UMC of Lake Norman and all adult workers for the youth group of Rocky Mount UMC from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in a church sponsored trip or event.

PHOTO/AUDIO/WEB RELEASE

Further, I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the participant during their participation in any activity, event or trip to be used, distributed, or shown as the church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers. (When used in the public realm identifying information will be used responsibly e.g. names will not be attached to specific pictures on the church web site)

(Parents' or Guardians' Signatures) Date _____

PARENTS ARE RESPONSIBLE FOR UPDATING THIS INFORMATION SHOULD CHANGES OCCUR.

Please attach a copy of current insurance card