

Christ United Methodist Church Registration/Permission Form Information and Instructions

Please fill out the Registration/Permission form if you are currently **not** a member of Christ United Methodist Church.

Activity: Hayride/Bonfire at Randall Oaks Park (Dundee Township Park District) on Saturday October 1st 4-6 pm Back Shelter
Follow the signs to the Back Shelter and park in the parking area. The shelter is up a short gravel path.

Food provided: Hot Dogs, buns, condiments, chips, apples and ingredients for s'mores. **Drinks provided:** apple cider and water.

*Please dress for a fall evening and expect hay on the hayride.

Schedule: Hayride starts around 4:10 pm and takes approx. 30 minutes. Following the hayride we will cook hot dogs over the fire and roast marshmallows for s'mores. There is ample open space for outdoor play but children must be supervised. (Randall Oaks Park provides a fire in an enclosed fire pit and cooking sticks)

Deadline for ordering tickets is Monday September 26th. Tickets will be mailed to the address given on registration form.

Final deadline is Friday, September 30th but you will have to bring the completed registration form and pay at the shelter when you arrive. **No tickets will be mailed after the Monday deadline. In addition, you MUST CALL Michele Linner (815-356-8527) to see if we still have availability for the event.**

Cost is \$2 per child, \$3 per adult with a \$10 maximum per family.

Checks can be made out to Christ United Methodist Church with "hayride" in memo.

Printed registration forms and checks can be sent to:
Christ United Methodist Church
9009 West Algonquin Road
Algonquin, IL 60102

Note: we understand children may attend with someone other than their parent/guardian and may also bring unrelated friends. For this reason we need to have at least one adult present and responsible for the children while at this activity. We also need parent contact information for any medical situations (if the parent/guardian is not present) that may arise.

Any other questions about this event, please call Michele Linner (815-356-8527).

Christ United Methodist Church Registration/Permission Form

Activity: Hayride/Bonfire at Randall Oaks Park on Saturday October 1st 4-6 pm Back Shelter

Participants: (up to 3 children on one form if related)

Child #1 Name: _____ **DOB** _____ **Parent Phone (____)** _____

Address of child _____

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.): _____

Adult responsible and present for above child (if child under 18): _____

Child #2 Name: _____ **DOB** _____ **Parent Phone (____)** _____

Address of child _____

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.): _____

Adult responsible and present for above child (if child under 18): _____

Child #3 Name: _____ **DOB** _____ **Parent Phone (____)** _____

Address of child _____

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.): _____

Adult responsible and present for above child (if child under 18): _____

Name/Address of parent (if different from adult responsible and present with child)

_____ **Contact # (____)** _____

Name/Address of adult responsible and present:

_____ **Contact # (____)** _____

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release CHRIST UNITED METHODIST CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against CHRIST UNITED METHODIST CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless CHRIST UNITED METHODIST CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of CHRIST UNITED METHODIST CHURCH to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Emergency Contacts Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____ Home Phone _____ Cell Phone _____

Name _____ Relation _____ Home Phone _____ Cell Phone _____

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of Christ United Methodist Church, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of Christ United Methodist Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me and my family.

Signature of Parent or Legal Guardian _____ Date _____

Name/Address to mail tickets:

