



Saint Paul United Methodist Church

1107 South Main Street
Greenville, South Carolina 29601
Phone: 864-235-3494

Activity Participation Agreement

Church Event: **End of Summer Bash** Date of event: **August 26, 2018**

Location of Event: Discovery Island Waterpark, 417 Baldwin Road, Simpsonville, SC

Participant Information:

Full Name: _____

Address: _____

Age: _____ Birthday: _____

Home Phone: _____ Cell Phone: _____

Emergency contact: _____

Work Phone; _____ Cell Phone: _____

List allergies or medical conditions; _____

Is Saint Paul UMC authorized to approve emergency medical treatment?: _____ Yes _____ No

Is Participant covered by personal/family medical insurance?: _____ Yes _____ No

If yes, name of Insurance Company: _____

Policy or Group Number: _____ Name Policy is in _____

Name of child's doctor _____

I am the adult participant or the participant's parent or guardian (if under the age of 18) and grant permission for full participation in the event and do hereby give permission to oversee any necessary medical treatment by a doctor or hospital and hereby grant permission for the above listed participant to participate in the above identified event. I do hereby release from any liability Saint Paul UMC and any and all adult sponsors, church officer, staff and volunteers in the event of an accident enroute, during and/or returning from the event.

Parent/Guardian Signature: _____

Date: _____



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