Christian Life Center Covenant Card Member

Please Print

Updated: _____ Photos Needed:_____(names)

Name_____ Age____ Date of Birth_____ Grade_____
Last Name First Name Middle Initial

Address _____ City/State_____ _Zip_____

Phone - Home _____ Work _____ Cell _____E-mail_____

Family Physician _____ Phone _____

Special Medical Conditions_____
(such as diabetes, heart trouble, allergies, etc. Use back if you need more room)

Notify in Case of Emergency:(1)_____ Phone_____

(2) _____ Phone_____

Additional Family Members Living in the Home (includes college students)

Name _____Age _____Relation _____ Date of Birth_____Grade_____
Address (if different from above) _____Phone_____
Special Medical Conditions _____
Physician (if different from above) _____ Phone _____

Name _____Age _____Relation _____ Date of Birth_____Grade_____
Address (if different from above) _____Phone_____
Special Medical Conditions _____
Physician (if different from above) _____ Phone _____

Name _____Age _____Relation _____ Date of Birth_____Grade_____
Address (if different from above) _____Phone_____
Special Medical Conditions _____
Physician (if different from above) _____ Phone _____

I would be interested in volunteering at the CLC, please contact me_____

✞ ✞

Release/Permission Clause

I (we), the undersigned applicant, or parent or guardian of applicant, for participation in the recreation program of Christ United Methodist Church, Plano, Texas, agree to abide by all policies and regulations, and do hereby release and discharge Christ United Methodist Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause or action, which might be asserted in behalf of said minor against said church, representatives, or staff. Furthermore, in the event of an accident, we hereby grant permission to said staff or representatives to administer necessary first aid, and/or to take applicant to the nearest medical facility for additional treatment. Furthermore, I (we) accept all equipment for use as is, with all defects. I (we) will inspect any equipment prior to use, and if accepted, agree that it is in good repair. **I understand that my health insurance coverage for myself and/or my child will provide primary coverage in the event medical treatment or intervention is needed.**

Signature of Member(s) Signature of Parent/Guardian

_____ _____ _____

_____ _____ _____
Date

Membership in the Christian Life Center is open to members of CUMC, employees of CUMC, and regular worship service visitors.