Christian Life Center Visitor's Form

We're delighted to have you visiting our Christian Life Center and want to be helpful to you. Please fill out the information below so we may know you better and can meet your needs while you're in the Christian Life Center.

Please print Application Date: _____

Name: _____ Age: _____ Date of Birth: _____
Last Name First Name Middle Initial

Address: _____ City: _____ St: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____ E-Mail: _____

Family Physician: _____ Physician's Phone: _____

Special Medical Conditions (such as diabetes, heart trouble, allergies, etc.) _____

_____

_____

Emergency contact: Name: _____ Phone: _____

Second contact: Name: _____ Phone: _____

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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 any claim, demand, or cause or action, which might be asserted against said church, representatives, or staff. Furthermore, in the event of an accident, I (we) hereby grant permission to said staff or representatives to administer necessary first aid, and/or 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.

Applicant Signature: _____ Date: _____

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Let's get acquainted!! We're so glad you're here! Please check all that apply.

- ☐ Newcomer to Plano
- ☐ Student at _____
- ☐ Desire call from minister
- ☐ Visiting, and already have a regular church home
- ☐ Plan to come back
- ☐ Want to meet people my age
- ☐ Interested in CUMC