

**WESLEY UNITED METHODIST CHURCH**

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WORCESTER, MA 01608  
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CONTACT: PASTOR SHANDI MAWOKOMATANDA



**Wesley UMC Basketball Registration  
and Permission Slip/Release Form  
May 2015 – August 2015**

Registration Fee: \$50 per child – Please submit with registration

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School Grade \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Student Email/ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact (if parent/ guardian cannot be reached) \_\_\_\_\_

Contact Phone \_\_\_\_\_

**General Release**

I, \_\_\_\_\_, being the parent/ legal guardian of \_\_\_\_\_

Hereby grant permission for my child to participate in the above activity and I further hereby release, hold harmless and indemnify Wesley United Methodist Church, Wesley Basketball Coaches, their volunteers and drivers of its activity program from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to, bodily injury and property damage, associated with or resulting from my choice to allow my child's participation in this activity.

In case of medical emergency and in case the individuals listed below cannot be contacted, I hereby give my permission for my child to be taken to the nearest licensed medical facility for medical treatment.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

Insurance Information (Attach copy of front and back of card) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Health History (Please attach any Special Medical Conditions) \_\_\_\_\_

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