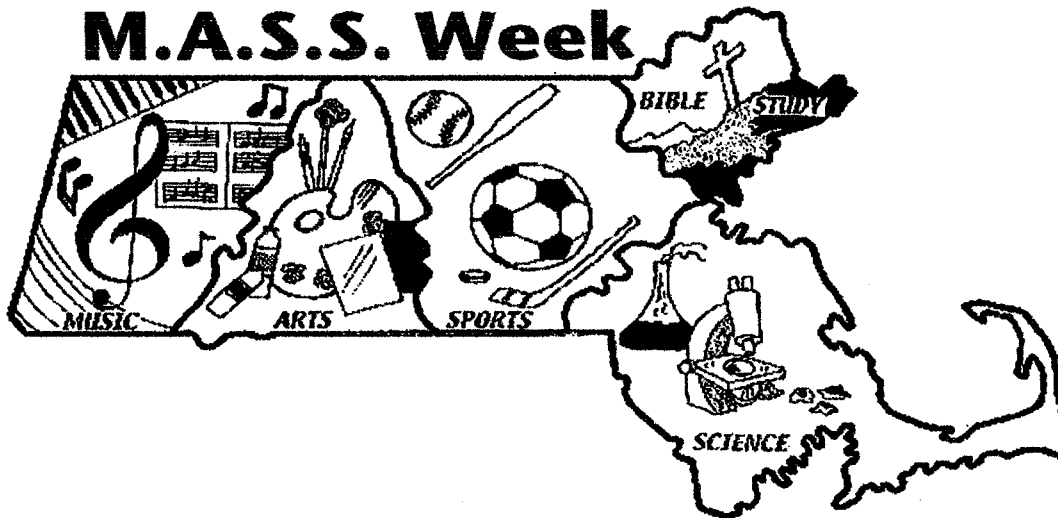


Leominster United Methodist Church

77 Hall Street (corner Hall Street and Merriam Avenue), Leominster

August 13-17, 6-8:15pm



Making our Way on Jesus' Team

Artful Athletes -- Homebase Bible -- Games Groundskeepers

Music & Movement Mascots -- S.T.E.M. Stadium

We can "team up" to make a difference in the world!

- Children ages 4-grade 8
- Certified Nurse Volunteer will be available all week.
- \$5.00 per child; \$10 per family; financial assistance available!
- Mail completed early registration to reserve your spot--due by August 3
(registrations after the early deadline will be \$7 per child; \$14 per family)

Register: contact Leominster United Methodist Church @ 978-537-1356 or complete registration form: www.leominsterumc.org

Leominster United Methodist Church (LUMC)
77 Hall Street Leominster, MA 01453
(978) 537-1356
www.leominsterumc.org

Making Our Way on Jesus' Team

M.A.S.S. Week Registration (ages 4 through Grade 8)

August 13-17, 2018

6:00 - 8:15PM

Child's Name: _____ Age: ____ Grade completed as of 6/2018: ____

Address: _____

Parent/Guardian email: _____

Phone (2 required):(Home) _____(Cell) _____

Please describe any health concerns/food allergies of which we need to be aware:

Name of Doctor/phone number in case of emergency: _____

Emergency medication (if necessary for your child): _____

Alternate emergency contact person (required): _____

Phone number of above: _____

(continued on back)

**** Please note: ALL participants must be signed in and out by an adult**

Designated pick-up persons and phone numbers (list below):

Is there anyone NOT authorized to pick up your child? If so, please list below:

Do you have a home church? _____

How did you hear about MASS Week? _____

****Please initial your approval below:**

_____ My child has permission to participate in Leominster United Methodist Church's (LUMC) M.A.S.S. Week and full activities involved therein. I am aware that there is a potential risk for injury. With such knowledge I voluntarily release LUMC, its representatives, and its employees from any and all liability related to activities of this program. Further, I give authority for LUMC to secure immediate medical attention for my child in case of any emergency.

_____ I give permission for photographs of my child to be used by LUMC, including an in-house slide show, as promotional material on the LUMC website/Facebook page, and other uses as LUMC deems appropriate.

Parent/Guardian Signature: _____ Date: _____

Mail completed early registration forms to LUMC at address above by August 3, 2018; include early registration fee of \$5; family cap \$10. Registration after August 4th will be \$7; family cap \$14; financial assistance available! Make checks payable to LUMC.