

## Middle School Students Service Project



Ministries Unlimited 310 Collinsville Road Troy, IL 62294

11:00 AM - 3:00 PM

Saturday, November 20, 2021

## Service Project Information

**Location**: Ministries Unlimited

310 Collinsville Road

Troy, IL 62294 (618) 505-5053

(South of Tri-Township Park)

Cost: Free

**RSVP**: TUMC Student Registration Form

Date: Saturday, November 20, 2021

11:00 am Meet at Ministries Unlimited

\* Pizza lunch & drinks provided!

3:00 pm Parent's pickup students

Volunteer Work: general cleaning

sorting food stocking shelves

Contact: Rev. Kurt Stone

kurt@troyumc.org Cell (618) 407-7586











## Troy UMC Student Registration & Release of Liability Service Project: Ministries Unlimited - Troy, IL Saturday, 20 November 2021

Name	_ Birthdate		
Address	_ Grade/Schoo	ol	
City	State	Zip	
Home Phone			-
Student's Cell			
Student's E-Mail Address			-
Parent's Cell			
Parent's E-Mail Address			
Emergency Contact			-
Phone			_
I indemnify, defend and hold harmless Troy Uniclaims made and liabilities assessed against the ther, in case of emergency, I understand that eguardians. However, if parents or guardians can 18 years of age or older, I hereby give the Troy my behalf in seeking medical treatment in the eadvisable for the registrant's health, safety and we medical treatment to do so, using the measure medical providers from liability in acting on my treatment. I assume the risk and financial respectivities. I give permission to take and use photographs.	m as a result of every effort will must be reached, United Method went that such treelfare. I give per deemed necess behalf in this regustility for any	the registrant's ac be made to conta or if I, the signed dist Church permiss reatment is deemed ermission to those a sary. I release the gard and rendering injury from the re	tivities. Fur- net parents of registrant am- sion to act or I necessary of administering e church, and such medical egistrant's ac-
I am a Parent Guardian	_		
Signed:			
Printed name:			
Health Insurance Company: Policy Number:			
Primary Care Physician:			
Preferred Hospital:			
Medical conditions or prescriptions:			