

Spring Fling 2026 Registration

Form

(Please return in your child's backpack to Sinclairville Elementary, or drop off at The Wrap/Park Church)

One Form Per Child!

Child's Name: _____

Birth Date: ___/___/___ Age: _____

Grade: _____ Teacher's Name: _____

Home Phone Number: _____

Address:

Parent/Guardian Names:

Parent/Guardian Contact Information:

Cell Phone Number(s): _____

Home Number(s): _____

Work Number(s): _____

Email Address(es): _____

Emergency Contact Information (other than guardians listed above):

Contact Individual: _____

Relationship to the Student: _____

Phone Number: _____

Medical Information

Please list any and all allergies or other health concerns!

Parent & Media Release Declaration

I give permission for my child to attend Spring Fling. By signing below, I release Park Church, its staff, and volunteers from all responsibility and liability for injury or illness that my child may sustain during their participation. In the event of a medical emergency, I authorize an adult leader of the program, as agent for me, to authorize any x-ray examination, medical or dental treatment, and hospital care advised by a physician or a dentist. I do, however, expect to be contacted as soon as possible. I also acknowledge that pictures will be taken of my child during Spring Fling to be used for various promotion and recognition opportunities following the event.

Signature:

Date:

Parent Guardian Approved Persons

Please list the persons you feel comfortable with taking your child from Spring Fling

I _____, hereby give permission to the Park Methodist Spring Fling Volunteers to release my child to one of the following persons:

1. Name: _____
Phone Number: _____

2. Name: _____
Phone Number: _____

3. Name: _____
Phone Number: _____

I understand it is my responsibility to make changes to this list if and when circumstances change. I hereby release Park Methodist Church from all responsibility regarding the release of my child to any person listed above.

Signature: _____ Date: _____

Spring Fling T-Shirts

Please Complete and Return with Your Registration!

(This shirt is a part of our program and is of no cost!)

Child's Name: _____

Child's Grade: _____

Child's Size: Please Circle One.



Youth Small

Youth Medium

Youth Large

Youth Extra-Large

Adult _____

Thank You! 😊

