UMCS + PALM COAST UNITED METHODIST CHURCH

Polar Express Christmas Night

Registration, Parent Consent & Limited Release

FRIDAY, DECEMBER 11, 2026 | 5:00-8:00 P.M.

ONE FORM PER CHILD - including siblings, guests, and community participants.
A parent or legal guardian must complete, sign, and return this sheet to the UMCS school office.

Child's full name: _____ Age: ____ Grade: _____

[ ] UMCS student [ ] Guest / community child

Guest of (if applicable): _____ UMCS classroom: _____

Parent/legal guardian: _____ Event phone: _____

Backup contact / phone: _____

Authorized pickup adult(s): _____

Parent plans to: [ ] Drop off [ ] Stay Food allergy: [ ] No [ ] Yes (see below)

Allergies / medical or support needs: _____

Eligibility and registration. This free event is for children ages 3 through fifth grade. Every child needs a separate signed form. Spaces are limited by staffing; registration must be confirmed by the UMCS school office.

Bathroom independence. An adult will escort my child to the restroom. My child must manage clothing, toileting, wiping, and handwashing independently. No diapering or hands-on toileting assistance is available. I will discuss support needs with UMCS before registering.

Participation and supervision. I permit my child to participate in the movie, crafts, activities, and food service at Palm Coast United Methodist Church, 6500 Belle Terre Pkwy, Palm Coast, FL 32137. Licensed teachers supervise with church volunteers helping. I will check my child in and out, remain reachable, and arrange pickup by 8:00 p.m. Release is only to authorized adults after identity verification.

Food and health disclosure. Food, hot cocoa, and cookies will be served. I will report allergies, medical conditions, and support needs before the event. For a food allergy, I will complete the separate Food Allergy Alert Sheet at UMCS and arrange any required action plan, medication, and authorization before attendance. An allergen-free environment cannot be guaranteed.

Emergency consent. I authorize staff to provide first aid within their training, call 911, and arrange emergency evaluation or transport when necessary. Staff may share relevant health information with emergency responders and will attempt to contact me promptly. This does not replace required medication authorization or clinician instructions.

Risk acknowledgment and limited release. I understand ordinary risks include falls, accidental contact, craft-related injuries, and food or beverage reactions. I voluntarily consent to participation. To the extent permitted by Florida law, I release Palm Coast United Methodist Church, United Methodist Christian School (UMCS), and their staff and volunteers from claims arising solely from inherent activity risks that remain despite reasonable care. This does not release negligence, gross negligence, reckless or intentional misconduct, or claims that cannot legally be waived.
I am this child's parent/legal guardian, have authority to consent, and have read this form.

Parent/legal guardian signature: _____ Date: _____

Wishing your family a Christmas filled with joy, peace, and the love of Christ.