

LIFE and TUXIS Registration Form

Family Name

Parent Name(s)

Street Address

City

Zip

Family E-mail Address

Home Phone

Child #1 Name Youth Cell Phone Number

Phone: Dad's Cell Mom's Cell other

Youth E-mail Address

Phone: Dad's Cell Mom's Cell other

School Grade

What other activities does your family have?
(choir, hockey, band, football, debate, etc.):

Birthday Age T-shirt size

Child #2 Name Youth Cell Phone Number

Youth E-mail Address

School Grade

Birthday Age T-shirt size

Child #3 Name Youth Cell Phone Number

Youth E-mail Address

School Grade

Birthday Age T-shirt size

Do we have permission to contact you and your child/children by text via the Remind.com app? Yes No

Do we have permission to include your child/children in a GPMC youth program directory? Yes No

Parent Involvement

Name of parent(s): _____

Phone number: _____

The success of the LIFE/TUXIS ministry depends on all of us working together. Each adult is asked to assist in some fashion throughout the year.

*Please indicate where you would like to assist. **Each family is asked to provide at least one Tuesday night meal during the year.** You may also choose additional opportunities to volunteer.*

_____ Setup and serve meals (Tuesday night 5:30 p.m. – 7:00 p.m.)

Please pitch in to feed the zoo! If everyone signs up for at least one Tuesday we will be almost full. If you have 2 or more children in the program, please consider signing up for additional evenings. You will be cooking for approximately 40 youth and adults.

Additional instructions are on the link.

To sign up, please go to:

www.takethemameal.com

recipient: Life

Password: Tuxis

If you have any questions, please feel free to call Debbie Belovich at (313)549-9514.

_____ Transportation Coordinator

The transportation coordinator(s) contacts families and coordinates transportation needs for special events.

_____ Communication Assistant

The communication assistant(s) helps at various times of the year with mailings and information. The person may also review the youth website to make recommendations. We would especially love to have someone with graphic design skills in this position!

_____ Materials

This person gathers needed materials the adult advisors may need for the weekly meetings. This may include purchasing supplies during the week or gathering items from around the church.

_____ Other: _____

Are you interested in reviewing, making recommendations, and supporting the youth programs at GPMC? If so, please consider joining the Christian Education (C.E.) Council. There is a youth workgroup that gathers about once a month during C.E. Council meetings to make decisions about the program. If you check yes below, you will be referred to Nominating Council for possible inclusion in the C.E. Council. Thanks for considering supporting youth ministry in this way!

_____ Yes _____ No

In order to assure that all youth in the church are able to participate in activities, scholarship money is available to cover a portion of the activity fees or event-related fees throughout the year. If you would like to discuss this possibility further, please contact the Christian Education office.



Grosse Pointe Memorial Church
16 Lakeshore Drive
Grosse Pointe Farms, MI 48236
(313) 882-5330

LIMITED POWER OF ATTORNEY
For Emergency Medical Treatment, Travel and Consent
September 3, 2018 through March 3, 2019

Name of Dependent _____ Birth date _____

Allergies/Illnesses _____

Medications being taken _____

I hereby grant to the following individuals:

Rev. Peter Henry, Lisa Turner, Rev. Sarah Godbehere, or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 3, 2018 through March 3, 2019. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian Relationship to child Date

Street Address City, State, Zip

Telephone: Home _____ Work _____

Mom's Cell _____ Dad's Cell _____

Health Insurance Company _____ Policy Numbers _____

Emergency Contact Name _____ Relationship _____

Home _____ Work _____ Cell _____



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THE PRESBYTERIAN CHURCH (U.S.A.)
A Light by the Lakeshore

GROSSE POINTE MEMORIAL CHURCH
Photo Release Form

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

I DO GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

I DO NOT GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

Name: _____

Name of Child(ren): _____

Parent/Guardian Signature: _____ Date: _____