



GROSSE POINTE MEMORIAL CHURCH
16 Lakeshore Road, Grosse Pointe Farms, MI 48236 (313) 882-5330
2018-2019 SEEKERS CONFIRMATION REGISTRATION

Legal Name (please print clearly):

(First) (Middle) (Last)

Street Address City Zip

Home Phone Cell Phone: __ Dad's __ Mom's __ other

Youth E-mail Address Parent E-mail Address

Youth Cell Phone Grade

Do we have permission to contact you & your Seeker by text via the Remind.com app? __Yes __No

Do we have permission to include your Seeker in a GPMC youth program directory? __ Yes __ No

Have you been baptized? __Yes __No

If so, when and where? _____

Do you have any allergies or health concerns we should know about?

Do you have any dietary requests? __No __Yes _____

Vegetarian __No __Yes _____

Allergies __No __Yes _____

What are some of your hobbies, talents and interests?

Request for Mentor: Must be a member of church and can't be related to you.

Please use another sheet to pass on any additional information.



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: _____



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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