



Aldersgate United Methodist Church

Dear Parent/Guardian:

Aldersgate United Methodist Church and Performance Initiatives, Inc. are introducing a new program at our facility called L.O.V.E. Mentoring. L.O.V.E. is Local Outreach Volunteer Educators; this program is free and operated by volunteers with a heart for serving our community. It is designed to help your child with reading, writing and math skills.

The program will be open from 3pm-5pm Monday –Thursday in the Fellowship Hall building at 2021 Tennessee Ave. Our facility has computer and printing capabilities to help your child with research, papers and school projects. Our highly qualified volunteers are available to guide your child through the study and learning process to enable them to achieve their goals.

Performance Initiatives, Inc. has fitness programs available to your child. These are held in the gymnasium. If your child is not active in these programs, please stop in to register them and learn how they can benefit from our health and fitness programs.

Our facility also offers health and fitness programs Monday-Friday 2pm-7pm and Saturday 12pm-3pm. Our internationally experienced coaches are available to help your child learn life skills, such as perseverance, focus, integrity and excellence while learning healthy life long habits and improving their athletic abilities. Our gym fees are \$10 a month for an individual and \$20 per month for the entire family. Please come in and talk with a coach about your child's participation as well as your own. Volunteers are looking forward to assisting you.

To enroll your child in the mentoring program please complete the registration form and bring it in with your child to get them set up with a tutor and a schedule.

We look forward to partnering with you in helping your child succeed!

Sincerely,

Kerri Goodrich

Executive Director

Performance Initiatives, Inc.

(912) 507-7106

Steve Meguiar

Pastor

AUMC

(912) 234-7234

Monique Loadholt

Program Director

L.O.V.E. Mentors



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L.O.V.E. Mentor/Tutoring Registration Form

Please Print or Type

Child's Name: _____ Parent/Guardian: _____

Home Phone: _____ Mobile Phone: _____

Mailing Address: _____
Street City Zip Code

Date of Birth: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Emergency Contact: _____ Relationship: _____

Contacts' Phone Number: _____

Primary Insurance Company: _____ Policy Number: _____

Any Allergies: _____

Please List Any Medical Conditions and/or Medications: _____

Please List Primary Physician: _____ Phone #: _____

AUMC and Performance Initiatives, Inc. program policies:

- Each participant must sign a waiver and complete a health history questionnaire to be kept on file and will be confidential.
- No cursing allowed.
- No revealing clothing allowed. If a coach or tutor deems your attire inappropriate, you will be asked to change or not allowed to participate in programs.
- **Absolutely NO drugs, alcohol, smoking or tobacco products allowed on property.**

VIOLATION MAY LEAD TO ARREST.

- All participants will treat others with respect.
- NO fighting-you will be suspended from all programs if in violation.

Release, Covenant Not to Sue, and Waiver

The undersigned participant and the parent or guardian of that participant if the participant is a minor hereby agree to release and forever discharge from any claim or liability of any kind whatsoever the following: Performance Initiatives, Inc , AUMC, or L.O.V.E. Mentors and the trustees, officers, agents, board members, employees, volunteers and collectives of each of those entities. It is understood by the undersigned that this waiver includes any and all claims, demands, rights, and causes of action of any kind or nature.



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The undersigned understands that this Release, Covenant Not to Sue, Waiver, and Assumption of Risk shall be effective upon date of signature. The undersigned further agrees to indemnify and hold harmless the released parties named herein from any claims of any kind whatsoever brought or asserted by any third party arising out of the actions of the participant or the undersigned. By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above.

Agreement of treatment if injured

Whenever an injury and/or sickness occurs to the participant listed above while in the care of a staff member, AUMC, L.O.V.E. Mentors or Performance Initiatives, Inc. the signature below gives permission to authorize any emergency action needed to ensure safety of the participant. I will not hold AUMC, L.O.V.E. Mentors or Performance Initiatives, Inc. or any parties financially responsible for any injuries incurred or medical care given.

Participant Signature: _____ **Printed Name:** _____

Date: _____

Signature of Parent/Guardian – one signature required if participant is 17 years old or younger:

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date