

Calvary Kids' Club Registration Form

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| INFORMATION: | | |
| Child First name: | Last name: | Date of Birth: / / Age: |
| Address: | Home Phone: | CIRCLE: Boy Girl |
| Name of School Attending: | | Grade: |
| Mom/Guardian Name: | Best Contact Phone: | Email: |
| Dad/Guardian Name: | Best Contact Phone: | Email: |
| CIRCLE person picking up: Mom Dad if Other → | Name: | Cell Phone: |
| Emergency Contact Info: | Name: | Cell Phone: |
| ISSUES or CONCERNS we need to know about | | |
| Medical Conditions? List | | |
| Allergies? List: | | |
| Special Needs: | | |
| CONSENTS: | | |
| <p>Medical Release Consent: If I cannot be reached, I grant permission to any physician or emergency medical personnel to render medical treatment as necessary.</p> | <p>Media Release Consent: I understand and agree with my signature that Calvary Chapel of Hope (CCOH) retains the right to use (without personal information) any photographs, videotapes or any other record of this event for the church's website and/or facebook page, publicity, advertising, or any other legitimate purpose.</p> | <p>I, the parent of above mentioned child hereby consent to my/our child participating in the following activity with Calvary Chapel of Hope, Amityville, New York Calvary Kids' Club In Consideration of the said Calvary Chapel permitting our child to participate in the aforesaid activity , we hereby agree to indemnity and save harmless said Calvary Chapel, its officers, volunteers, adult chaperones, employees and agents against any and all claims for loss or liability incurred by, or caused to our child as a result of said activity.</p> |
| PRINT Name: | Signature: | Date: |