

First Evangelical Free Church 2008-09 Wednesday Evening

REGISTRATION/RELEASE FORM

Wednesday night group (circle one):

NURSERY
(Birth-2 yrs)

ADVENTURELAND
(2-year-olds)

AWANA
(3 yrs - 6th Grade)

STOCKADE
(3rd - 6th Grade)

PIONEER GIRLS
(3rd - 6th Grade)

Name of Child _____ M / F _____ D.O.B. _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work or Cell Phone # _____

Emergency Contact _____ Phone # _____

Email Address: _____

Current Church Home _____

Individuals Permitted to pick up the Child:

Relationship to the Child:

PARENTAL CONSENT/ MEDICAL RELEASE

I, _____, being the legal guardian of _____, give my permission for him/her to participate in Wednesday night or related activities for the 2008-09 season, September through May, under the direction of the leaders. The undersigned, being a parent and/or legal guardian of the above minor, does hereby authorize the treatment of the above minor by a qualified/licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in Wednesday night events, including transportation by First Evangelical Free Church to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me.

The undersigned requests that the church allow the above minor to participate in Wednesday night events and in consideration thereof, agrees to hereby release and forever discharge the church, officers, directors, employees and any persons volunteering on behalf of the church, from all actions, claims, costs, expenses, or damages of any kind growing out of, or related to the events in which the minor participates.

Signature _____ Date _____

Medical Information: (Please include any known medical conditions, allergies, and medications, etc. that your child is taking, which would be helpful to those working with your child.)

Medical Insurance Co. _____

Policy No. _____ Insurance Co. Phone Number _____

Office Use Only: \$20.00 Registration fee paid _____ Check # _____ Cash _____ \$60.00 family maximum (Registration fee does not apply to Nursery or Adventureland participants.)
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