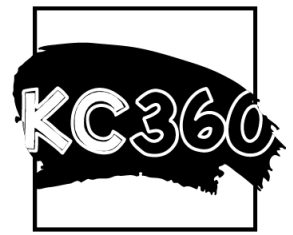




Registration

August 2017 - June 2018
K – 5th Grades



Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

Name _____ Grade _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Cell Phone Number _____

Parent/Legal Guardian Email Address _____

By giving my email address, I give permission to be added to Kids Connection email list.

Allergies or other medical conditions _____

Physician _____ Phone Number _____

If unable to reach above named physician, I give my consent to New Life Foursquare Church to use its best judgment in caring for my child (children), including calling a physician or ambulance for immediate hospitalization or the administration of an anesthetic if deemed necessary until I can be reached. Yes _____ No _____

I hereby release New Life Foursquare Church from any claim my child (children) may have due to injury, or damage which may occur while participating in Kids Connection or while on New Life Foursquare Church premises.

Photos, I hereby authorize New Life Foursquare Church/Kids Connection Community Outreach Program to allow my child (children) to participate in the following:

_____ (Please Initial) Photos or Video (for Kids Connection Community Outreach Program use within the program.)

_____ (Please Initial) Photos (for Kids Connection Community Outreach Program use to release to newspapers, postcards & flyers.)

_____ (Please Initial) Photos or Video (for Kids Connection Community Outreach Program to use on our website & social media)

You must complete the reverse side.



Student (s) Declaration

I will fully cooperate with the staff, rules and program established for Kids Connection.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Parental Release

I, (parent/guardian) hereby give consent for my child (children) to attend and participate in Kids Connection. My child (children) will cooperate with the staff, rules, and program. I understand that I will be held responsible for any damage done by my child (children), and I will pay for any and all repairs.

I, (parent/guardian) hereby give consent for my child (children) to ride in the designated transportation, which is by bus, private vehicles or public transportation of all forms, of which I approve of and authorize as the mode of transporting my child (children) for participation in Kids Connection Community Outreach Program events and/or fieldtrips.

I hereby authorize the officials in charge of said program to administer what medical measures that they may deem necessary for my child's (children's) safety and health.

This consent shall remain effective until revoked in writing and delivered to any officer, employee or agent of Redlands Four-square Church dba New Life Foursquare Church.

Date _____

Parent/Legal Guardian (please print)

Parent/Legal Guardian Signature

Emergency Contact

Emergency Contact _____

Relation to Child (Children) _____

Phone Number _____

