

*Calvary Community Church*  
**Kids Club 2010 - 2011**  
Registration Form

**Personal Info:**

Boys Club  Girls Club

Kid's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**KidCare:** (small fee)

Will you use KidCare?    No    Yes    Before 7:00 p.m.    After 8:30 p.m.

**Dismissal:**

Kids are only **released** to their **parents** or **authorized adults**. List all authorized adults:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

Does this kid have any condition that would restrict their activity or require special attention?    [ ] No    [ ] Yes    If yes, list anything that would limit their participation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List allergies (including medical ones): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical Information:**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Numbers: \_\_\_\_\_

**Legal and Medical Release:**

I give my permission for my child (named above) to participate in **Kids Club**. I agree that Calvary Community Church, its agents, employees, and representatives shall not be liable to any person for any accidents, injuries, or death to my child which might occur while participating in this church activity. **I agree to HOLD HARMLESS Calvary Community Church from all such claims.** I have read and agree to the **Kids Club Policies & Procedures**. I understand that photos may be taken of my child at Kids Club and I authorize Calvary Community Church to utilize these photos in printed media, on the internet, and in other forms.

If a medical emergency should arise while my child (named above) is at Calvary Community Church and **I cannot be contacted, I give permission** to Calvary Community Church's Children's Minister, Children's Ministry Directors, or ministry staff personnel to **select a physician** and/or a **hospital** for my child's care. I also give the hospital and/or physician selected by Calvary Community Church my **permission to hospitalize, treat, or order injections, anesthesia, or surgery** necessary to save my child's life.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In lieu of the parent's signature, I take responsibility for this child's permission to attend Kids Club on this date only:

**Authorized Adult's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_