Calvary Kidz Club Registration

Please fill out one per child

Date_____

_____
First Name M.I. Last Name

K 1 2 3 4 5 6
Grade completed 07/08

M / F

_____
Birthdate

_____
Address

_____
Home Phone

Mr/Mrs/Ms _____
Parent/Gardian

_____
Cell Phone

Parent/Guardian location during Kidz Club? _____

I grant permission for my child to be photographed at Kidz Club events **Yes / No**
I grant permission for my child's picture to be used in church publications or web site to promote Kidz Club events? **Yes / No**

Emergency Contacts

_____ _____ _____
Name Relationship Home phone

_____ _____
Address Work/Cell Phone

_____ _____
Family Physician Phone

_____ _____ _____
Medical Insurance Phone I.D.#

List all allergies (include food)_____

_____

List any physical limitations which might affect participation in activities_____

_____

I the undersigned parent/guardian of _____, hereby do release, acquit, discharge and covet to hold harmless Calvary Baptist Church of Renton WA and it's staff and the Kidz Club staff from any actions, damages or liabilities arising from participation in Kidz Club program. I also herby consent and give my permission to the Kidz Club staff and the staff of Calvary Baptist Church to make decisions to perform medical/dental treatment and/or surgery upon said minor which may be in their sole discretion necessary and proper under the circumstances.

_____ _____
Signature of parent/guardian Date

Calvary Baptist Church
1032 Edmonds Ave NE
Renton WA 98056 425.255.3273