

Kids Club



2009-2010 REGISTRATION FORM

Child's Name _____

Parent's Name _____

Age _____ Birthday _____ Grade in the Fall _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Allergies, medical info., special needs or other important information about your child

Anything else we should know

Authorization for treatment and release of liability: I hereby give permission and consent for my child to be treated by medical personnel and I release Shepherd of the Valley Lutheran Church and its agents from liability. In the event that I cannot be reached in an emergency, I hereby give permission to secure and administer treatment, including hospitalization, for the care of my child.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

**Yes, I give permission for my child to be
photographed for church use.**

ONE FORM PER CHILD PLEASE!

MEDICAL RELEASE