

Kids' Club Registration Form

FIRST CHURCH OF CHRIST † 250 MAIN STREET † WETHERSFIELD, CT. 06109 † 860-529-1575 † WWW.FIRSTCHURCH.ORG

| CHILDREN'S INFORMATION | | | |
|---|--------------------------------|-------------------------------------|--|
| | GENDER (CIRCLE) | DATE OF BIRTH | GRADE |
| Name: | M F | / / | |
| Address: | | Home Phone: | |
| City: | State: | ZIP Code: | |
| FATHER'S INFORMATION | | | |
| Name: | | | |
| Cell Phone: | | E-mail: | |
| MOTHER'S INFORMATION | | | |
| Name: | | | |
| Cell Phone: | | E-mail: | |
| EMERGENCY CONTACT | | | |
| Name: | | Phone: | |
| Address: | | Relationship: | |
| HEALTH / TEACHING CONCERNS: | | | |
| Please indicate any allergies, medical or physical conditions, learning disabilities or other circumstances the teachers should know about your child. | | | |
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| | | | |
| VOLUNTEER OPPORTUNITIES | | | |
| Would you like to serve on Wednesday night? | | Check one or more of the following: | |
| SNACKS <input type="checkbox"/> | GAMES <input type="checkbox"/> | CRAFTS <input type="checkbox"/> | GROUP ASSISTANT <input type="checkbox"/> |
| SIGNATURE | | | |
| Signature: | | Date: | |
| <input type="checkbox"/> I, Parent/Guardian agree to authorize First Church of Christ to release the name and/or photograph/or video of the student for use in news media publications and/or Internet. | | | |

See other side

| | |
|--|---------------|
| For Office Use: Added to ACS Groups <input type="checkbox"/> | Date Entered: |
|--|---------------|

PRIVACY NOTICE

Information regarding allergies, chronic health conditions and medications is needed to ensure that proper medical attention and treatment is provided to your child in the event of an emergency. All such information will be kept confidential and will not be disclosed or sold to non-affiliated third parties except as necessary to secure necessary medical attention and treatment in emergency situations.

By signing below, you authorize First Church of Christ in Wethersfield to disclose information regarding your child's allergies, chronic health conditions and medications to emergency medical personnel and other health care providers in order to secure necessary medical attention and treatment for your child in the event of an emergency.

| | |
|-----------------|------|
| Parent/Guardian | Date |
|-----------------|------|

MEDICAL AUTHORIZATION AND RELEASE

In consideration for being accepted by the First Church of Christ in Wethersfield (FCW) for participation in church sponsored activities, we (I) on behalf of my child-participant do hereby release, forever discharge and agree to hold harmless FCW and the leaders thereof from all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child-participant that occur while said child is participating in the church sponsored trip or activity.

Furthermore, authorization and permission is hereby given to hold harmless and indemnify said church, its leaders, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are parent(s) or legal guardian(s) of this participant and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation cost, nor will there be any refund of said activity.

| | |
|-----------------|------|
| Parent/Guardian | Date |
|-----------------|------|