

## REGISTRATION/PERMISSION FORM

Name \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Any allergies/health issues \_\_\_\_\_

Emergency contact \_\_\_\_\_

My child will:

walk home

be picked up by \_\_\_\_\_

\_\_\_\_\_(child) has my permission to participate in all activities at The Center. I hereby release Four Mile Church, The Center, and its leaders from any liability in the event of accident or injury to my child. I understand that every effort will be made to contact me in case of an emergency, but in the event that I cannot be reached, I authorize the treatment of this student by qualified medical personnel. By signing, I also consent to allowing my child's picture to be used by The Center.

\_\_\_\_\_ (adult signature)

Date \_\_\_\_\_