

CREATIVE KIDS CLUB

REGISTRATION AND HEALTH FORM

Child _____
Age ____ Date of Birth _____ Grade Level ____ School: _____
Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work or Cell Phone _____
E-mail: _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter named above, to attend the CREATIVE KIDS CLUB. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the CREATIVE KIDS CLUB, I hereby authorize the CREATIVE KIDS CLUB staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the CREATIVE KIDS CLUB, and I hereby hold the CREATIVE KIDS CLUB staff and sponsoring organizations, as well as it's representative, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at the CREATIVE KIDS CLUB. If this occurs, I hereby authorize the CREATIVE KIDS CLUB staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the CREATIVE KIDS CLUB.

Understanding that there is always a possibility that my son/daughter may sustain illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organizations, and it's representatives from any claim for personal illness or injury that my son/daughter may sustain during the CREATIVE KIDS CLUB. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the CREATIVE KIDS CLUB.

Date _____
Signature of Parent or Guardian _____

EMERGENCY CONTACT INFORMATION

Please make sure that ALL contact numbers remain current. Call office to update as needed. Should the parent/guardian (primary contact) not be available, please list 2 secondary contacts.

Name _____ Relationship _____
Home Phone _____ Work or Cell Phone _____
Name _____ Relationship _____
Home Phone _____ Work or Cell Phone _____

PLEASE ALSO COMPLETE INFORMATION ON THE REVERSE SIDE

CREATIVE KIDS CLUB

Do we have your permission to post pictures of your child (no name) on bulletin boards or our website? YES NO

In the event that we are unable to reach the above contacts, emergency personnel may request/require the following information:

Child's Physician Name, Address & Phone # _____

Insurance Name/Provider #/Group # _____

Please list below any medical conditions/allergies/medications:

PLEASE READ, SIGN, AND DATE THE FOLLOWING: (Please initial each entry.)

I give permission for my son/daughter to be escorted by the CREATIVE KIDS CLUB staff from Pope Elementary School to South Hill Christian Church every Wednesday at 12:30 p.m. _____

I will contact South Hill Christian Church or Pope Elementary staff if my child will not attend CREATIVE KIDS CLUB on any given Wednesday. _____

The following person(s) will pick up my son/daughter at South Hill Christian Church **at 3:00 p.m.** each Wednesday. _____

Name	Phone #	Relationship
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Date

Signature of Parent/Guardian