



# Kootenai Community Church

## Adventure Club Registration Form



Parents: Please fill out the following registration form and return it.

Name (1<sup>st</sup> Child): \_\_\_\_\_ Circle one: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (2<sup>nd</sup> Child): \_\_\_\_\_ Circle one: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (3<sup>rd</sup> Child): \_\_\_\_\_ Circle one: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (4<sup>th</sup> Child): \_\_\_\_\_ Circle one: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (5<sup>th</sup> Child): \_\_\_\_\_ Circle one: M F Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Church: \_\_\_\_\_

Emergency contacts if parents cannot be reached:

Name/Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the following individuals to pick up my child from Adventure Club at Kootenai Community Church:

1. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_ NO, I do not authorize anyone to pick up my child but me.

**Please complete consent and release form on other side.**

# Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child participating in Adventure Club sponsored by Kootenai Community Church on Friday nights from 6:30 p.m. to 8:15 p.m. I certify that my child is able to participate in these activities including games, snacks, and Bible lessons. If my child has a medical condition I have listed it below. In the event that an emergency occurs, I may be reached at the telephone number given on the registration side of this form. If I cannot be reached, I hereby authorize an adult leader to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Kootenai Community Church and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury or illness to my child or property, even injury or illness resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Idaho and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Food allergies, other allergies, or restrictions in game participation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical conditions of which to be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date