



REGISTRATION 2010-2011

(One per family)

Parent/Guardian Information

Father's Name (or Guardian):			
Address:			
City:	State:	ZIP:	
Phone Number(s) Home:	Work:	Cell:	
Email:			

Mother's Name (or Guardian):			
Address:			
City:	State:	ZIP:	
Phone Number: Home:	Work:	Cell:	
Email:			

Child's/Children's Information

Name	Date of Birth	Grade ('10-'11)	Uniform (Staff will fill this out)
			<input type="checkbox"/> Scarf <input type="checkbox"/> Sash
			<input type="checkbox"/> Scarf <input type="checkbox"/> Sash
			<input type="checkbox"/> Scarf <input type="checkbox"/> Sash
			<input type="checkbox"/> Scarf <input type="checkbox"/> Sash
			<input type="checkbox"/> Scarf <input type="checkbox"/> Sash

Please note anything you feel our staff needs to know about working with your child (children). Thank you!

Minor Photo Release Form

I give Hillcrest Church of the Nazarene permission to publish in print, electronic, or video format the likeness or image of my child/children. I release all claims against Hillcrest Church of the Nazarene with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

 Minor's Name(s)

 Parent's Name (Please print)

 Parent's Signature

 Date

Medical Release & Parental Consent Form

(One per child)

Name of Child _____

Activity Restrictions _____

List allergies and medications: _____

NOTE: Emergency medication must be provided by the family for the child.

What type of allergic reaction does the child have? _____

Is medication required for an allergic reaction? No Yes

Medication name _____

Is the child currently taking medication? No Yes If yes, please complete:

Name/Type of Medication _____

Reason for Medication _____

Dosage Instructions _____

NOTE: All children who have a prescribed EPI Pen or inhaler are responsible for bringing and keeping them while at Hillcrest Church of the Nazarene.

Emergency Contact Person:

Name _____ Relationship _____

Telephone Number (home) _____ (cell) _____

Parental Consent

I, _____, the legal guardian of _____
(child's name)

grant permission for my child to participate in the **Caravan program** sponsored by **Hillcrest Church of the Nazarene**. I authorize the leadership of **Hillcrest Church of the Nazarene** to care for the administration of first-aid treatment for any minor injuries my child receives during the event. If the injury sustained is life threatening, or requires emergency treatment, I authorize the leadership of **Hillcrest Church of the Nazarene** to summon any or all professional emergency personnel to attend, transport, and treat my child.

I agree to hold harmless any staff, assistants, and volunteer workers of **Hillcrest Church of the Nazarene** from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Parent/Guardian Signature _____ Date _____