

Kid's Inc. Registration Sheet Lakewood Church of the Nazarene

VBS 2009

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Medical Condition we need to be aware of? \_\_\_\_\_

Special Needs: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I give permission to \_\_\_\_\_ to participate in activities that are sponsored by Lakewood Nazarene Church and give them permission to **call 911 in the event of an emergency**, I also release Lakewood Nazarene Church, Staff and sponsors of events from any liabilities. I give my permission to authorize medical treatment in the event I am not present.

Best phone# to reach you at \_\_\_\_\_

This form may remain on file for 1 year. All information will be treated as confidential.

Name: \_\_\_\_\_ Print

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date

How did you hear about this event? \_\_\_\_\_ Flyer, sign radio etc.