

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.