

REGISTRATION AND RELEASE FORM

1304 N. Parker, Olathe, Kansas 66061 (913) 782-9100 cbckansas.org
Effective August 2010 through July 2011

Child's Name _____ Age _____ Grade _____ Gender M / F

Address _____ Birth date _____ - _____ - _____

City _____ State _____ Zip Code _____

Home Church _____ School _____

Parent(s) or Guardian(s) _____

Family/Parent Email Address(es) _____

Contact Numbers (_____) _____ (_____) _____ (_____) _____

Name(s) and Age(s) of Sibling(s) : _____

Other contact in case of emergency _____ Phone (_____) _____

Other adults with permission to drop off and/or pick up my child: _____

_____ I hereby grant permission for my child to use all appropriate church play equipment and participate in Children's Ministries activities, pictures, and videos. I understand that off-site trips may require an additional permission slip.

_____ I would like to receive text message updates related to CBC Children's Ministries.
(_____) _____ - _____ Provider: Sprint Verizon T-Mobile AT&T Other _____

MEDICAL RELEASE

We at Community Bible Church will do our best to provide a safe and supervised environment for children's activities. However, we ask that you sign this medical release in order to provide the best possible treatment for your child in case an injury or illness occurs.

Physician _____ Phone (_____) _____

Specific medical and/or food allergies, chronic illnesses, or other conditions: _____

As a parent and/or guardian, I do hereby authorize treatment under the direction of licensed medical personnel of my minor child in the event of a medical emergency, which, in the opinion of the medical staff, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed above.

I assume responsibility for any costs connected with such treatment and hereby release Community Bible Church from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
(Circle one) Father - Mother - Legal Guardian