

# Children's Festival Registration Form

CHILD'S FULL NAME      AGE      DATE OF BIRTH      GRADE IN SEPT.      ALLERGIES      #

1. \_\_\_\_\_ ( )  
 2. \_\_\_\_\_ ( )  
 3. \_\_\_\_\_ ( )

Full Name of Parent(s) / Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## RELEASE OF LIABILITY & PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I hereby request that my child(ren), be permitted to participate in all activities, to include various indoor and/or outdoor activities. I hereby agree to release (*church name*), their employees, volunteers, and agents from any and all liability, which may arise from any such activity.

In the event my child becomes ill or injured while participating in activities, and requires medical treatment, permission is hereby given to administer first aid for his/her relief or to obtain whatever medical treatment is necessary, including emergency medical treatment by paramedics.

I understand that (*church name*) cannot be responsible for the supervision of children beyond the scheduled times.

Signature of Parent. Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

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