

# Covenant Kids Club

## Covenant Community Church

2250 Yukon Parkway, Yukon 73099 354-9338

www.covenantcommunitychurch.org

### For Office Use Only

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

Dues: Cash/Check #: \_\_\_\_\_

Release signed: \_\_\_\_\_ Date: \_\_\_\_\_

Only one form per family is needed; but please list ONLY children in the same household on one form

Name of Child	Age	Date of Birth	M/F	Grade	Allergies/medical condition
1. _____	_____	__/__/__	_____	_____	_____
2. _____	_____	__/__/__	_____	_____	_____
3. _____	_____	__/__/__	_____	_____	_____
4. _____	_____	__/__/__	_____	_____	_____

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone or Emergency phone (while child is at Club) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Do you attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Parents of 3 mos. – Kdg. need to remain on campus during club. Where will you be during club? \_\_\_\_\_

## PLEASE SIGN RELEASE BELOW

### Covenant Kids Club Medical and Liability Release

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and an enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I further give my permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

I give my child/children, \_\_\_\_\_, permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Should the parent or guardian (primary contact) not be available, who should we contact (secondary contact) in case of emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_