



## Registration & Release Form

### **Parent's/Guardian's Information:**

Parent's/Guardian's

Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

### **Child 1:**

Child's Name:

\_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

\_\_\_\_\_

General

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

\_\_\_\_\_

Special Needs/Medical

Concerns: \_\_\_\_\_

\_\_\_\_\_

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**Child 2:**

Child's Name:

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Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

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General

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

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Special Needs/Medical

Concerns: \_\_\_\_\_

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**Child 3:**

Child's Name:

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Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

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General

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

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Special Needs/Medical

Concerns: \_\_\_\_\_

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**Child 4:**

Child's Name:

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Date of Birth (mm/dd/yyyy)\_\_\_\_\_ Gender (M/F):\_\_\_\_\_

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

General

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

Special Needs/Medical

Concerns:\_\_\_\_\_

**Child 5:**

Child's Name:

\_\_\_\_\_

Date of Birth (mm/dd/yyyy)\_\_\_\_\_ Gender (M/F):\_\_\_\_\_

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

General

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

Special Needs/Medical

Concerns:\_\_\_\_\_

I, the undersigned parent/legal guardian of the aforementioned minor children, do hereby grant permission for said minors' general participation/care in the RCKids program of Redemption Church. I acknowledge that my minor children's participation in RCKids is voluntary and that participation may have some risks associated with it. I assume responsibility for these risks and agree to indemnify, defend, and hold harmless Redemption Church, its officers, directors, employees, agents, volunteers, and assigns for any claim arising out of or incident to my participation in the program, unless claim is caused by the sole negligence or willful misconduct of Redemption Church.

Signed by Parent/

Guardian: \_\_\_\_\_ Date:

\_\_\_\_\_

Printed

name: \_\_\_\_\_

\_\_\_\_\_