

Calvary Lutheran Church
Christmas for Kids Registration Form
Saturday, December 10, 2016 9:30 am – 1:30 pm

Last name: _____ First name: _____

Home phone: _____ Cell phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home church: _____

Emergency contact: _____ Phone number: _____

Relationship to child(ren): _____

Registration is open for children ages 3-12:

Name: _____ d.o.b. _____ grade _____ allergies _____

Name: _____ d.o.b. _____ grade _____ allergies _____

Name: _____ d.o.b. _____ grade _____ allergies _____

Name: _____ d.o.b. _____ grade _____ allergies _____

*Medical Release _____ I give permission of Calvary Lutheran Church to administer basic first aid to the above mentioned child(ren) in the event of an injury. In the event of an emergency and I cannot be reached, I give permission for the supervising staff member or available adult leader to sign forms that would ensure the necessary and immediate treatment of my child(ren). I give permission to those administering emergency treatment to do so, using those measures deemed necessary.

*Photo release

_____ I give permission for my child(ren)'s photo to be used for publicity purposes (in-house bulletin board, church newsletter, and/or church's website/Facebook page) without compensation.

_____ I DO NOT give permission for my child(ren)'s photo to be used for publicity purposes (in-house bulletin board, church newsletter, and/or church's website/Facebook page) without compensation.