



## Registration Form for Clubbers

Clubber's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies? \_\_\_\_\_

Club (circle one): Puggles Cubbies Sparks T & T

Clubber's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies? \_\_\_\_\_

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Clubber's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies? \_\_\_\_\_

Club (circle one): Puggles Cubbies Sparks T & T

**\*\*Please fill out BOTH sides of this form. Thank you!\*\***

## Clubber Information

Parent / Guardian: \_\_\_\_\_

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

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

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

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

Church You Attend: \_\_\_\_\_

Special Notes: \_\_\_\_\_

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## Woodland Park Baptist Church

### Medical Information, Consent and Waiver

2008 – 2009

As the natural parent and/or legal guardian of the minor child(ren) listed on the other side of this form, I hereby consent to my child's participation in Children's Ministry activities, and I further authorize the church employees and/or adult volunteers supervising any such activity to consent to emergency medical treatment on behalf of my child in the event my child is injured or becomes ill and in the reasonable discretion of the adult supervising the activity, emergency medical treatment is advisable.

I do herewith authorize treatment under the direction of any licensed physician in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Woodland Park Baptist Church and its employees and volunteers, from any liability therefore. Except for the cases of intentional misconduct and gross neglect, I further waive any claim that my child or I may have against Woodland Park Baptist Church and its employees and volunteers and agree to indemnify them against any such claim based upon injury to person or property occurring before, during or after any activity.

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

Parent/Guardian Signature: \_\_\_\_\_

Parent Cell # in case of emergency: \_\_\_\_\_

Special Instructions for who may or may not pick up my child:

\_\_\_\_\_

**\*\*Please fill out BOTH sides of this form. Thank you!\*\***