

APA KIDS - REGISTRATION FORM

Child's name _____

Grade _____ Birthday (m/d/y) _____ Age _____

Parents' names _____

Home Address _____

Home Phone _____

Alternate Phone _____

Emergency contact person & phone number

People who may pick up the child

I hereby grant the program leaders permission to photograph/film the minor(s) designated above for use in slideshow and/or any other promotional material.

(Circle one) Y N

Health Information & Medical Release

In the unlikely event that my child becomes sick or is injured during APA Kids, I do hereby authorize the directors of Arthur Pentecostal Assembly to apply first aid to my child and if applicable, transport my child for medical attention either by private vehicle or ambulance, in which case I will accept full responsibility for their cost. It is understood that under no circumstances will the Church, Pastor or Board of Arthur Pentecostal Assembly be held liable to parent/guardian/child or to any other person for: injuries, damages or costs incurred by or resulting from any unauthorized actions on the part of any child participating in this program.

Allergies: Y N Explain: _____

Medical Concerns: Y N Explain: _____

Parent/Guardian Signature: _____ Date: _____