

**2011 FORWARD
REGISTRATION FORM
JUNE 23-26, 2011**

*** Required Fields**

*LAST NAME: _____ *FIRST NAME: _____

*ADDRESS: _____

*CITY: _____ *ST: _____ *ZIP: _____

*PHONE: (____) ____-____ (HOME/WORK) *CELL: (____) ____-____

*EMAIL: _____

*GRADE: _____ *AGE: _____

*FATHERS NAME: _____

*MOTHERS NAME: _____

*# TO CONTACT PARENTS WHILE ATTENDING THE EVENT: (____) ____-____

*ALTERNATE # TO CONTACT PARENTS WHILE ATTENDING EVENT: (____) ____-____

**REGISTRATION FORM MUST HAVE A \$50 NON REFUNDABLE DEPOSIT
ATTACHED. DEADLINE SUNDAY, APRIL 3rd, 2011
PLEASE MAKE CHECKS PAYABLE TO COVENANT CHURCH**

MEDICAL RELEASE

The undersigned hereby gives permission for our (my) child, _____, to attend and participate in any and all activities, sponsored by Covenant Church from January 1st, 2011, through December 31, 2011, and relieve(s) the Church of all liability in the event of an accident.

We (I) authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned do(es) also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Church.

*Said Minor is covered by hospitalization insurance: YES _____ NO _____

*Policy Number: _____ *Emergency Phone: _____

*Allergies: _____

*Special Medications: _____

*Participant's Signature: _____

*Parent's or Guardian's Signature: _____

(Please include copy of insurance card.)

**Your registration will not be considered complete until all forms are completed
and deposit has been paid.**