



U18 REGISTRATION

COME LEARN EXPLORE ENGAGE BE

1. CHILD

LAST NAME: _____ FIRST NAME: _____ MALE/FEMALE
STREET ADDRESS: _____
TOWN: _____ POSTAL CODE: _____
HOME PHONE: _____ CELL (if applicable): _____
AGE (as of December 2018): _____ BIRTHDAY: _____

VBS Summer Slam - Ages Sk-Gr 6

2. PARENT/GUARDIAN

PARENT(S)/GUARDIAN(S) NAME(S): _____
ADDRESS: **CIRCLE IF SAME AS CHILD**
OTHER: _____
HOME PHONE: _____ CELL (if applicable): _____
EMAIL: _____
HOME CHURCH (if applicable): _____

3. EMERGENCIES (if necessary)

EMERGENCY CONTACT NAME: _____
HOME PHONE: _____ CELL (if applicable): _____
RELATION TO CHILD: _____

4. HEALTH

My child has Allergies, Health Concerns, or is Special Needs: YES or NO

Please Explain Relevant

Information: _____

5. GENERAL & PICTURE CONSENT

I give permission for my child to participate in the HMC Kids programs and hereby release, discharge, and agree to indemnify and hold harmless, HMC, its members, directors, officers, and other leaders or volunteers or any other person or entity associated with HMC and its programs from any and all claims, demands and actions or cause of action, howsoever arising, for loss or injury suffered by my child, myself, or any member of my family. I further acknowledge and agree that participation in HMC Kids programs, may expose my child to the risk of injury, and by my signature below, I agree to assume such risk, the nature and extend of which I am aware.

(please circle) I GIVE permission / DO NOT give permission for my child to be included in photographs and/or videos that may be taken and may be published in HMC publications, website, Facebook page, Twitter, local newspaper, ect. I hereby give permission for my child's photograph to be used.

6. PARENT'S SIGNATURE

DATE: _____ SIGN: _____