

FRIDAY LUNCH REGISTRATION FORM 2018-2019

Name of Child: _____ Date of Birth: ____ / ____ / _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Email Address(es): _____

Physical Address: _____
Street City State ZIP

Emergency Contact: _____ Phone: _____

Allergies/Dietary Restrictions/Medical Issues: _____

The undersigned parent/legal guardian hereby gives permission to Waterville Federated Church, 224 W. Ash St, Douglas County, Washington, for the above-named child to take part in any all and all activities sponsored or hosted by the Church.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

In consideration for the privilege of allowing the above-named child to participate in activities and programs sponsored by the Church, I agree to release and hold harmless the Church, its officers, agents, servants, and volunteers, from any liability to or responsibility for bodily injury, damage or illness to the above-named child while participating in any activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers, agents, servants, and volunteers with respect to any claim asserted by or on behalf of my child as result of bodily injury, illness, or damage.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian