

Kennewick First Presbyterian Church
Registration and Release Form

Child's name: _____ Birthdate (M/D/Y): _____
Age: _____ Grade: _____ School: _____
Insurance Company: _____ Policy/Group #: _____
Allergies to medications/food/insects: _____
Medical condition/activity restriction: _____
Current medication (type, dosage): _____
Date of last immunization: DPT or Tetanus: _____ Polio: _____
Physician: _____ Phone: _____

Child's name: _____ Birthdate (M/D/Y): _____
Age: _____ Grade: _____ School: _____
Insurance Company: _____ Policy/Group #: _____
Allergies to medications/food/insects: _____
Medical condition/activity restriction: _____
Current medication (type, dosage): _____
Date of last immunization: DPT or Tetanus: _____ Polio: _____
Physician: _____ Phone: _____

Child's name: _____ Birthdate (M/D/Y): _____
Age: _____ Grade: _____ School: _____
Insurance Company: _____ Policy/Group #: _____
Allergies to medications/food/insects: _____
Medical condition/activity restriction: _____
Current medication (type, dosage): _____
Date of last immunization: DPT or Tetanus: _____ Polio: _____
Physician: _____ Phone: _____

Parents/Guardians' Names: _____

Home Phone: _____ Home address: _____

Mom's Cell: _____ Dad's Cell: _____

Email Address: _____

Work Phone or Emergency Number: _____

Person(s) who may pick up my child(ren) from ministry events (please indicate relationship to child(ren):

Other emergency contact: Name/relationship: _____ Phone: _____

Parent's Church Affiliation if not KFPC: _____

Consent of Parent/Guardian of a Minor

I, the undersigned as the Parent and/or Guardian of the named child(ren) for which registration has been received, have my/our permission to participate in the children's events and activities (program) at Kennewick First Presbyterian Church (KFPC). The undersigned is aware that the program involves physical activity, as well as a time for Christian worship and a daily meal. As the Parent and/or Guardian of said child(ren), I/we certify that said child(ren) are physically and mentally able to participate. It is the Parent/Guardian's responsibility to discuss with KFPC any and all medical conditions, including food allergies, and/or physical activity concerns with KFPC staff prior to participation in all activities. In addition, it shall be the sole responsibility of the Parent/Guardian to provide for a means of transportation to and from the program site at Kennewick First Presbyterian Church and/or to make arrangements for the travel to and from the church property at 2001 West Kennewick Avenue, Kennewick, WA.

Accordingly, the undersigned agrees to release from any liability Kennewick First Presbyterian Church, its directors, officers, administrators, employees, staff and volunteers, and does, hereby, agree to indemnify and hold harmless KFPC, from any and all claims or causes of action, including those for personal injury to said child(ren) sustained while participating in approved activities in the above reference program, irrespective of cause. Payment of any hospital, medical, dental and related costs and expenses is the responsibility of, and will be paid either by the child(ren), or his/her family, or their medical insurance.

In case of medical emergency I understand that every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Adult Representative of the First Presbyterian Church to secure proper treatment: hospitalize, order injections, medication, anesthesia or surgery for my child. I further agree that I will not hold First Presbyterian church, its agents, employees or volunteers, or the Presbytery of Central Washington, their agents or employees responsible for accidents or injuries arising out of my child's participation during the time period they are involved in approved activities or travel with the First Presbyterian Group.

I, further, hereby give KFPC and its employees, representatives, and authorized media organizations permission to print, photograph and record my child for the use in Church-related audio, video, film, or any other electronic, digital and printed media.

I, the undersigned, as the Parent or Legal Guardian of the named children have read and voluntarily signed herein below, and I sign on behalf of each of my participating children under the age of 18.

Parent or Legal Guardian must sign below for and on behalf of each participating child under the age of 18.

Parent/Guardian (print name) _____

Parent/Guardian Signature _____ Date _____

Thank you and welcome to Kennewick First Presbyterian!
We look forward to connecting with you and your children as together we grow in our relationships with Jesus and with one another!