

Wednesday Night Live Registration Form

Child's First & Last Name _____ Grade (age 3-grade 6) _____
Birth Date (m/d/yr) _____ Age _____ Gender: Male / Female
Address _____ City _____ State _____ Zip _____
Parent/Guardian Name _____ Home Phone _____
Cell Phone _____ Email _____
Emergency Contact and Phone # _____

General Health Info.

Chronic or recurring illness or medical condition _____
Allergies (i.e. food allergies, bee stings, etc.) _____
Dietary restrictions (i.e. vegetarian, lactose intolerant) _____

Permission

I give permission for my child to participate in all aspects of the Wednesday Night Live program at Bricelyn Lutheran Church. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize the Wednesday Night Live staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any pictures or videos of my child to be used for promotional purposes.

X _____
Parent/Guardian Signature Date