



Wednesday Club Program

REGISTRATION FORM 2010-2011

For age 4 – 5th Grade Registration Fee: \$10

PLEASE PRINT CLEARLY

Today's date _____ Fee Paid _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-Mail Address _____

Age _____ Date of Birth _____ Grade _____

Parent/Guardian _____

Church Affiliation _____

Allergies/Special Needs _____

HEALTH INSURANCE

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____ Yes _____ No

IF "YES"

Ins. Company Name _____

Name of Policy Holder _____

I D Number _____

Group Number _____

(OVER ⇌)

MEDICAL RELEASE

"In the event that I cannot be reached in an emergency, I hereby give my permission to East Swamp Church to secure proper medical treatment for my son or daughter as deemed necessary. This may include, but not be limited to, any or all of the following: emergency room treatment, physician or dental care, hospitalization, anesthesia/surgery."

LIABILITY RELEASE

Every activity sponsored by East Swamp Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risk and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent/Guardian's Signature _____
(For Medical and Liability Release)

BLANKET PERMISSION SLIP

Occasionally there are activities provided for the children in the Club program that are held off the campus of East Swamp Church. In order for your child to participate in an activity not held on church grounds, your permission is needed.

When an activity is scheduled, a memo will be sent home with your child stating when and where that particular activity will occur for your knowledge and information.

By signing below you will be giving your consent for your child to attend activities held off our campus throughout the Club year of **September 2010 through April 2011**. If you have any questions, please feel free to call the church office at 215.536.4532.

I hereby give my child _____ permission to attend activities that are held off the campus of East Swamp Church throughout the Club year of **September 2010 through April 2011**. I understand that I will be given information on any activity scheduled by the Club Leader.

Parent/Guardian's signature: _____