

REGISTRATION FORM



PARENT/GUARDIAN INFORMATION:

FATHER'S NAME _____ PHONE NUMBER _____

MOTHER'S NAME _____ PHONE NUMBER _____

LEGAL GUARDIAN'S NAME _____ PHONE NUMBER _____

EMAIL _____ PREFERRED METHOD OF CONTACT _____

DURING RISE & SHINE, IF A PARENT OR GUARDIAN NEEDS TO BE CONTACTED, WHICH CONTACT SHOULD WE TRY FIRST? _____

STUDENT INFORMATION:

CHILD 1 FIRST NAME _____

LAST NAME _____

DATE OF BIRTH _____ AGE _____

GRADE _____ GENDER _____

ADDRESS _____

CHILD 2 FIRST NAME _____

LAST NAME _____

DATE OF BIRTH _____ AGE _____

GRADE _____ GENDER _____

ADDRESS _____

CHILD 3 FIRST NAME _____

LAST NAME _____

DATE OF BIRTH _____ AGE _____

GRADE _____ GENDER _____

ADDRESS _____

CHILD 4 FIRST NAME _____

LAST NAME _____

DATE OF BIRTH _____ AGE _____

GRADE _____ GENDER _____

ADDRESS _____

ADDITIONAL INFORMATION, SPECIAL NEEDS OR ALLERGIES: _____

(MORE ON BACK)

WE ARE VERY EXCITED THAT YOUR CHILD(REN) WILL BE A PART OF RISE & SHINE! EACH MONTH WE'LL SHARE JESUS' LOVE, MEMORIZE SCRIPTURE, JOIN TOGETHER IN WORSHIP, A LESSON AND GAMES. EACH CHILD WILL RECEIVE A NEW VERSE AT THE END OF EACH CLUB, THEY ARE ENCOURAGED TO DO SCRIPTURE EXAMINATION AND MEMORIZATION AT HOME TO HELP THEM GET READY FOR SMALL GROUP TIME. THEY'LL HAVE THE OPPORTUNITY TO EARN PRIZES FOR BRINGING THEIR FRIENDS TO CLUB AND MEMORIZING SCRIPTURE. WE WANT TO CREATE A FUN, SAFE & ENCOURAGING TIME. TO HELP CREATE THIS ENVIRONMENT, WE ASK THAT YOU REVIEW OUR GUIDELINES WITH YOUR CHILDREN AND CHECK 'I AGREE' WHEN YOU ARE FINISHED. YOUR CHILD(REN)'S SAFETY IS A HUGE PRIORITY TO US, WE ASK THAT YOU PLEASE SIGN THE MEDICAL RELEASE BELOW IN THE EVENT OF AN ACCIDENT.

RISE & SHINE GUIDELINES:

- **STUDENTS SHOULD ALWAYS SHOW RESPECT TO FELLOW MEMBERS AND ADULT SERVANTS**
- **NO FIGHTING/INAPPROPRIATE PHYSICAL CONTACT OR MEAN VERBAL REMARKS**
- **STUDENTS WITH ANY SYMPTOMS OF SICKNESS (INCLUDING FEVER, VOMITING, DIARRHEA, COLDS, UNDIAGNOSED RASHES, LICE, ETC) NEED TO STAY HOME UNTIL THEY ARE WELL AGAIN.**
- **STUDENTS MAY ONLY BE PICKED UP BY A REGISTERED ADULT, UNLESS A SELF-DISMISSAL FORM IS SIGNED BY A PARENT OR GUARDIAN. PARENTS/GUARDIANS SHOULD PICK UP THEIR CHILD(REN) BY 7:00 PM OR ARE WELCOME TO STAY DURING CLUB.**
- **OUR CURRENT POLICY IS THAT MASKS ARE TO BE WORN DURING THE DURATION OF CLUB.**

GRACIOUS WARNINGS WILL BE GIVEN TO INDIVIDUAL STUDENTS WHO NEGLECT TO FOLLOW THE RISE & SHINE GUIDELINES. STUDENT'S WHO DO NOT COMPLY AFTER GRACIOUS WARNINGS WILL LOSE PRIVILEGES AND PRIZES. PARENTS WILL ALSO BE CONTACTED WHEN A CHILD WILLFULLY AND CONTINUALLY DISOBEYS OUR RISE & SHINE GUIDELINES.

I AGREE TO THE STUDENT'S GUIDELINES

MEDICAL RELEASE:

1) I/WE HEREBY GIVE OUR APPROVAL FOR THE ABOVE-MENTIONED CHILD(REN) TO ATTEND RISE & SHINE KIDS' BIBLE CLUB AT WAPATO VALLEY CHURCH. 2) I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE RISE & SHINE ACTIVITIES. WE DO HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS WAPATO VALLEY CHURCH - ITS EMPLOYEES, ORGANIZERS, AND SUPERVISORS APPOINTED BY THEM FROM ANY AND ALL LOSS, OR OTHER DAMAGE TO US OR THE ABOVE-MENTIONED CHILD(REN) ARISING ON CHURCH PROPERTY. IN THE CASE OF INJURY TO THE CHILD, I/WE HEREBY WAIVE ALL CLAIMS AGAINST WAPATO VALLEY CHURCH - ITS EMPLOYEES, ORGANIZERS, AND SUPERVISORS APPOINTED BY THEM. 3) AS A PARENT/GUARDIAN, I/WE DO AUTHORIZE TREATMENT, UNDER THE DIRECTION OF ANY LICENSED PHYSICIAN, FOR THE ABOVE-MENTIONED MINOR IN THE EVENT OF A MEDICAL EMERGENCY, WHICH IN THE OPINION OF THE ATTENDING PHYSICIAN, WOULD ENDANGER HIS OR HER LIFE. THIS AUTHORITY IS GRANTED ONLY AFTER A REASONABLE EFFORT HAS BEEN MADE TO REACH ME BY PHONE AT THE NUMBER(S) LISTED ABOVE. 4) THOUGH WE ASK ALL STUDENTS TO STAY HOME IF THEY SHOW ANY SIGNS OF SICKNESS, BY PARTICIPATING IN RISE & SHINE, YOU VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE OF COVID-19 OR OTHER ILLNESSES.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____