

**3<sup>rd</sup> Annual Chick-fil-A Family 5K  
Child Care Registration Form  
Ages 2-8 Years  
Location: John Metcalfe Park  
Time: 7:00-9:30 AM  
Suggested Donation: \$10**

**CHILD ENROLLMENT INFORMATION**

**Child #1**

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Child's Last Name	Child's First Name	Child's Nickname (if used)
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Child's Date of Birth	Gender	Child's Home Language
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**Child #2**

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Child's Last Name	Child's First Name	Child's Nickname (if used)
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Child's Date of Birth	Gender	Child's Home Language
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**Child #3**

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Child's Last Name	Child's First Name	Child's Nickname (if used)
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Child's Date of Birth	Gender	Child's Home Language
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**Family Information**

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Parent of Guardian 1	Relationship to Child	Email Address
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Home Address	City	State	Zip
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Parent of Guardian 2	Relationship to Child	Email Address (If different)
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Home Address	City	State	Zip
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**Medical Contact Information**

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Child's Physician	Practice Name	Phone
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Physician's Address	City	State	Zip
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Specific Health Concerns

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Child's Name	Date of Birth
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Allergies: Yes \_\_\_\_ No \_\_\_\_ If yes, please specify. \_\_\_\_\_

Restrictions: Yes \_\_\_\_ No \_\_\_\_ If yes, please specify. \_\_\_\_\_

Operations/Serious Illnesses: Yes \_\_\_\_ No \_\_\_\_ If yes, please specify. \_\_\_\_\_

List any behavior or other special considerations:

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I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at the Chick-fil-A Family 5K. I understand that while constant supervision of my child is provided, that there is inherent risk of injury to my child from activities at John Metcalfe Park. I accept this risk, and on behalf of myself and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release all working staff on June 16, 2018, from any and all claims (excluding only willful misconduct) for injuries sustained by my child while being cared for by the staff, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless Chick-fil-A, A Rainbow of Friends Christian Preschool, Valley Christian School, and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

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Parent or Guardian Signature	Date
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