

# KIDVENTURES

STORIES OF YOUNG FAITH



July 24 - 27, 6-8:30pm at  
Denver First Church - Cost \$10 Per Child

Join us for an Epic Adventure! We're digging up artifacts that reveal Bible stories from young people who had incredible faith! At Kidventures there will be games, crafts, giant inflatables, skits, music and more! Together we'll discover what it means to LIVE by God's Word, LOVE like God loves, to have FAITH in God's plan and that PURITY is more important than popularity.

KidVentures is for kids entering Kindergarten through 6th grade this fall. It is also for potty trained 3 year olds through pre-K. To register fill out the form below and the medical release form on the back side. Please fill out a form for each child you register. Turn in registrations to Pastor Craig Wilson or Kris Bell on weekend or to the reception desk during the week.

Childs Name: \_\_\_\_\_

Grade entering in the fall: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Male/Female

Parent(s) Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Questions? Contact Pastor Craig or Kris at 303-761-8370.

# Denver First Church Permission to Participate 2018-2019

The purpose of this form is to provide Denver First Church ("DFC") with the information needed to comply with DFC's child and youth protection policy. It is also our policy to make sure that all minors have permission from their parent or guardian to participate in activities that take them away from the DFC facility.

## Identification

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Home Address: \_\_\_\_\_

Participant's Cell #: \_\_\_\_\_ Participant E-mail: \_\_\_\_\_

## Event

( ) I grant permission for participation in all DFC sponsored events for the fiscal year 2018/2019

Or Name of Specific Event Only: \_\_\_\_\_ Date: \_\_\_\_\_

Activities participant will be allowed to be involved in: \_\_\_\_\_

## Denver First Church Policy

It is the policy of DFC to: provide appropriate adult supervision of all activities; take reasonable efforts to prevent injury. Our utmost goal is to see that no harm comes to those who participate in DFC sponsored activities. If illness or accidents happen, DFC's representatives will attempt to contact the designated parent or guardian for instructions concerning how to react. If the nature of the emergency or other circumstances prevent DFC from contacting the parent or guardian, DFC will seek appropriate medical attention.

## Emergency Contact Information

Person to be contacted in the case of illness or injury:

Parent/Guardian Name: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information

List any medical information that we should know—including insurance name and policy number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Permission for Emergency Medical Treatment

I give DFC permission to give appropriate first aid treatment and to arrange for medical treatment when circumstances make such treatment appropriate.

## Insurance

DFC maintains a policy of Liability Insurance; however, DFC's insurance is not the primary coverage for illness or injury to the minor. By granting permission to participate, the parent or guardian is agreeing to provide insurance or to self-insure the minor for illness and injury and to hold DFC harmless from all claims.

## Image Release/Video

I consent to DFC's use of images taken during DFC sponsored activities.

I give the minor, whose name is entered in Paragraph 1, permission to participate in the described activities and agree to provide insurance coverage for illness and injury.

\_\_\_\_\_  
Parent/Guardian Signature Date

**NOTE:** If parent or guardian does not have an insurance policy that covers illness and injury, DFC can assist in obtaining such insurance for a fee.