

KICK IT

AT ENCOUNTER

2021-2022

10012 Ramona St. Bellflower Ca. 90706 (562)866-0791

Child's Name: _____ M ___ F ___ Grade in fall: _____ DOB: _____ age: _____

Child's Name: _____ M ___ F ___ Grade in fall: _____ DOB: _____ age: _____

Child's Name: _____ M ___ F ___ Grade in fall: _____ DOB: _____ age: _____

Child's Name: _____ M ___ F ___ Grade in fall: _____ DOB: _____ age: _____

Home Address: _____ Apt #: _____

City: _____ ZIP CODE: _____

What school do your children attend? _____

Student lives with: ___ Mom ___ Dad ___ Both Parents (same house) ___ Both Parents (different house)
_____ Grandparents ___ Other

Mother's Name: _____ Daytime # _____

Email address: _____ Cell # _____

Father's Name: _____ Daytime # _____

Email address: _____ Cell # _____

What church, if applicable do you attend? _____ (if none, leave blank)

Does your child(ren) have any health/learning problems/allergies or are they taking any prescribed medication? (ie allergies, asthma, ADD, ADHD, etc.) if so, please list: _____

Other than yourself, please list the names of the two people who are authorized to pick up your child(ren)

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

although I give my permission in your discretion to call a doctor of your choosing

I certify that I am the parent/guardian of the aforementioned child(ren) and that I am entitled to his or her custody and control. I do hereby give my permission for the said child(ren) to be enrolled and participate in the activities, on and off campus, conducted by the Encounter Church Staff. I fully understand the risks associated with the participation of my child in this recreational activity program and do hereby voluntarily assume the risks. I obligate myself and said child(ren) to comply with all rules and regulations of the program. I also give my permission for my child's photo to be taken and used for publicity or church videos.

Signed: _____ Date: _____