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**SUMMER
EDITION**

2023 Registration Form

(One per child)

Early registrations may be turned in at the Kid's Church registration table or Gateway's main office

Child's name: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip: _____

Main telephone: _____ Other telephone: _____

Home email address: _____
(optional)

Date of birth: _____ School grade child will be entering: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Other(s) who can pick up child: _____

Allergies or other medical conditions: _____

As parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician, of the above minor, in the event of a medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. Gateway Community Church representatives have my permission to call an ambulance or to take the above minor to any available physician. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed above.

Parent/Guardian: _____
(print)

Signed: _____

(church use)	
<input type="text"/>	<input type="text"/>
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