

Summer Spiritual Spectacular Registration – 2018

Dates: June 20 – 22, 2018 Time: 6:30 – 9:00 PM (9:15 PM Friday evening)

Child's Full Name _____ Name Child Goes by: _____

Child is: Boy Girl Child's Birthdate (mm/dd/yy) _____ School Grade ENTERING: _____

Child's Track: ___ Sports Track ___ Art Track ___ Music Track

Parent's Workshops at 7:20: ___ Digital Parenting (Pastor Josh) ___ Parenting Q & A (Pastor Dan)

Please provide full information on **1st child's application** for all children living in the **SAME** household:

Street Address _____ Apt. # _____

City, State, Zip _____

E-Mail: _____ Home Phone: _____ Cell Phone: _____

Is there another child attending SSS (**at same age or grade or younger**) that your child REALLY needs to be with?
If yes, give that child's full name and grade entering: Friend's Name: _____ Grade Entering: _____

MEDICAL INFORMATION

Medical Information/Conditions/Developmental Challenges/Drug/ Medical Allergies _____

Food Allergies _____

Does child have any conditions that would be affected by **flashing lights**? ___ No ___ Yes (please explain) _____

Prescription Medications child is currently taking regularly: _____

Are all of child's immunizations up to date? ___ Yes ___ No Recently had a Tetanus shot? ___ Yes ___ NO

PICK-UP AUTHORIZATION (Complete all that apply.)

Name of All ADULT person(s) authorized by you to pick up this child, including parents (no more than 3): _____

(Please list no more than 3 people. - Circle any of those who are a SSS Volunteer)

If an emergency arises and none of these people are able to pick up your child, simply call us and tell us whom you are sending to pick up your child.

Please specify if there is a **non-custodial** parent who MAY NOT pick up your child. _____

I understand and appreciate that only I or another ADULT authorized by me may pick up my child(ren) from SSS.

Parent's/Guardian's Initials: _____

WORSHIP EXPERIENCE INFORMATION

How often does this child attend ANY church (circle one)?: Never About once a month Almost Every Week May Begin

Name of church this child regularly attends (circle one): No Church

Name of Church: _____ or EATON CHURCH OF THE BRETHREN

Name of person completing form (if other than parent): _____ Relationship to Child: _____

PERMISSION FORM MUST BE SIGNED BEFORE CHILD CAN BE ASSIGNED TO A CLASS

Today's Date _____ Person receiving registration: _____ Class: _____

REGISTRATION, PERMISSION, & RELEASE FORM for SUMMER SPIRITUAL SPECTACULAR 2018

Please reserve a space for my child or preteen (Child's Name) _____

(This COMPLETED Form will reserve a space for your child or preteen.)

In the unlikely event that an accident were to occur, we would need the following information to procure prompt medical treatment for your child. **THIS MUST BE COMPLETED FOR YOUR CHILD TO ATTEND SSS.** Please fill out the form below and turn it in with your child's registration form.

Parent's/Guardian Name: _____ (If address or phone are different from child's, please add)

EMERGENCY CONTACT NUMBERS DURING THE HOURS OF SUMMER SPIRITUAL SPECTACULAR:

Person to Contact in an emergency if Parents are unavailable:

(1) Name: _____ Phone / Cell Phone: _____

(2) Name: _____ Phone / Cell Phone: _____

PERMISSION AND RISK ACKNOWLEDGEMENT:

I, the parent or legal guardian of this preteen, do hereby give my permission for my child or preteen to attend and participate in the Summer Spiritual Spectacular at the Eaton Church of the Brethren on June 20 – 22, 2018. By signing this form, I affirm that my child named above is capable of withstanding both the physical and mental demands of the activities listed above.

I acknowledge that when groups of children are at play or enjoying various activities, there is always a possibility for accidents or injuries, even when every reasonable precaution is taken. I realize it is impossible to be aware of and prepared for every possible risk that could arise during the activity listed above. I agree to assume all risks of my child, whether such risks are known or unknown to me at this time. I have and do hereby release the church, its employees or agents from liability associated with participation in this church activity.

Parent's Initials _____

BEHAVIORAL EXPECTATIONS: It is my understanding that participating in the programs and other activities of Eaton Church of the Brethren is a privilege. I agree that my child will need to follow the group rules for behavioral expectations and that, if they misbehave repeatedly and willfully, I may be called to come pick them up early.

Parent's Initials: _____

MEDICAL TREATMENT PERMISSION IF YOU OR YOUR EMERGENCY PERSON CANNOT BE REACHED:

If I or the contact person listed above are not available, and the event that a health need arises which seems to pose an immediate threat to the continued well-being of my child, I authorize the representatives of Eaton Church of the Brethren to obtain any emergency medical care for my child. I consent to any and all medical or surgical treatment or care of my child determined to be necessary or desirable by any physician attending my child. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring, in the necessity for such surgery, are obtained BEFORE THE SURGERY IS PERFORMED. Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. Any policy of the church sponsoring this event will be used as the secondary coverage.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I further authorize the release of any necessary medical information to appropriate medical personnel and/or the health coverage insurance company.

_____ Check here if you do **NOT** want any **PHOTOS** of your child displayed on our church's web site or facebook page.
(Note: Children's NAMES are NOT put on the web site.)

Signature of **PARENT OR LEGAL GUARDIAN**

Date Signed

Witness