



ADVENTURE NIGHTS!

Join us July 10-14 from 6:15-8:30 p.m.

Registration/ Medical Release Form

(One form for EACH child)

Child's Name _____

Child's Age _____

ENTERING School Grade _____

Street Address _____

City _____ State _____ Zip _____

Parent or Guardian Name(s) _____

Home Phone # _____ Work/Cell _____

Email Address _____

Home Church _____

Please list any person(s) authorized to transport you child from Adventure Nights! here:

Please list any health issues or ALLERGIES _____

As parent/guardian, I consent to my child receiving first aid by any Adventure Nights! staff at Leroy Community Chapel and, if necessary, to be transported for emergency care. I will be responsible for all charges incurred. I consent to the emergency contact listed below to act on my behalf until I am available. This is effective for any day July 10-14 during Adventure Nights! events.

Emergency Contact Person _____

Address _____ Phone # _____

Medical Release (please sign) _____

Photo Release (please sign) _____