

**GHFC
KIDS**

WEDNESDAY NIGHT LIFE

..... REGISTRATION FORM

CHILD'S NAME

AGE/GRADE

BIRTHDAY

☐

EARLY CHILDHOOD (3YRS-KINDER)

☐

ELEMENTARY (1ST-5TH GRADE)

ADDRESS

CITY

PARENT/GUARDIAN NAME

PHONE NUMBER

EMAIL ADDRESS

SECOND ADULT CONTACT NAME

PHONE NUMBER



ALLERGIES

SPECIAL NOTES/NEEDS:

WHERE ARE YOU LIKELY TO BE WEDNESDAY NIGHTS:

☐

ON CHURCH CAMPUS: _____

☐

OFF CAMPUS

**PLEASE SIGN ON
BACK CONSENT FORM**

GHFC KIDS 2025/2026 LIABILITY RELEASE FORM

Student's Name: _____

The student above has my consent to attend Granada Heights Friends Church 2025-2026 Events, sponsored by Granada Heights Friends Church and to participate in the activities involved in these events. I understand and agree that neither GHFC, nor its trustees, elders, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in Granada Heights Friends Church Events and activities, which may result in injury, harm, or other damages to named student. In the event of a medical or dental emergency I authorize a representative of GHFC pursuant to the provisions of California family code 6910, to consent to medical or dental care or both for the named student. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for named student. I understand that all billings for services rendered will be sent to the parent/Legal Guardian and who is responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that the church carries liability insurance that only comes into effect if the church is negligent in the injury of my child. I also give permission to photograph and videotape named child for future promotional material, including GHFC website postings, without expectation of compensation.

I, also, understand that in the event of repeated misconduct, the staff is authorized to contact parents of named child to be taken home. I understand that a photocopy, fax, or computer version of this document shall be treated as the original.

I agree to the above statements

Sign

Date

Printed Name: _____

Cell Phone Number: _____