

# Central Kids Wednesday Registration 2018-2019

4001 Indian Hills Dr, Sioux City, IA 51108

## General Information - Please Print

Parent/Gardian Full Names: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text Reminders:  Yes  No Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text Reminders:  Yes  No Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Others authorized to pick up your children (must be 16+ years old):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

First & Last Names of Children:

Birthdate

Gender

Grade

1. \_\_\_\_\_

\_\_\_\_\_

M  F

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

M  F

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

M  F

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

M  F

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

M  F

\_\_\_\_\_

## Medical Information - Please Print

Primary Physician's Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, Medications, Special Needs: \_\_\_\_\_

\_\_\_\_\_

### Terms and Conditions

1. I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Central Baptist Church and any persons involved in the Central Kids Ministry.
2. In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give permission to the Central Kids volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all cost connected to any accident or treatment of my child.
3. I grant permission to Central Baptist Church to use the likeness of my child without identifying information in any video, electronic (web) promotional or educational materials as they see fit.
4. I grant permission for my child to travel to/from Central Kids events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above.

X \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

### Office Use Only

Registration \_\_\_\_\_ Handbook Card \_\_\_\_\_

Info to Office \_\_\_\_\_

# CENTRAL BAPTIST CHURCH 2018-2019 CENTRAL KIDS FEES

**DUES**

PER CHILD      \$10      X      \_\_\_\_\_      =      \_\_\_\_\_  
*\$30 MAX PER FAMILY*

## HANDBOOKS

**SPARKS**

HANGLIDER      \_\_\_\_\_  
 WINGRUNNER      \_\_\_\_\_  
 SKYSTORMER      \_\_\_\_\_

**CUBBIES**

HONEYCOMB      \_\_\_\_\_

**POWER UP**

\_\_\_\_\_

|                            |      |   |       |   |       |
|----------------------------|------|---|-------|---|-------|
| SPARKS & CUBBIES HANDBOOKS | \$11 | X | _____ | = | _____ |
| POWER UP HANDBOOK          | \$3  | X | _____ | = | _____ |

## UNIFORMS

|                  |      |   |       |   |       | <b>SIZE</b> |
|------------------|------|---|-------|---|-------|-------------|
| CUBBIES VEST     | \$11 | X | _____ | = | _____ | _____       |
| SPARKS VEST      | \$11 | X | _____ | = | _____ | _____       |
| POWER UP T-SHIRT | \$7  | X | _____ | = | _____ | _____       |

## EXTRAS

|                      |     |   |       |   |       |
|----------------------|-----|---|-------|---|-------|
| SPARKS HANDBOOK BAG  | \$6 | X | _____ | = | _____ |
| CUBBIES HANDBOOK BAG | \$7 | X | _____ | = | _____ |

## OFFICE USE ONLY

|      |          |              |       |
|------|----------|--------------|-------|
|      | TOTAL    | =            | _____ |
| PAID | \$ _____ | CASH/CHECK # | _____ |
| DATE | _____    | INITIALS     | _____ |