

Cadets Registration Form and Waiver 2017-2018

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell phone numbers(s): _____

Child #1:

Name: _____ Age: _____ Birthdate: _____ Grade: _____

Allergies or physical limitations: _____

Names of persons who may NOT have access to my child: _____

Child #2:

Name: _____ Age: _____ Birthdate: _____ Grade: _____

Allergies or physical limitations: _____

Names of persons who may NOT have access to my child: _____

Child #3:

Name: _____ Age: _____ Birthdate: _____ Grade: _____

Allergies or physical limitations: _____

Names of persons who may NOT have access to my child: _____

Child #4:

Name: _____ Age: _____ Birthdate: _____ Grade: _____

Allergies or physical limitations: _____

Names of persons who may NOT have access to my child: _____

****There is a \$30/child registration fee for cadets. Please make all checks payable to: Shalom CRC Cadets**

Release of Liability:

By signing this Release Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child whether such risks are known or unknown to me at this time. I further release Shalom Christian Reformed Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Shalom Christian Reformed Church or its ministers, leaders, employees, volunteers, or agents.

First Aid & Emergency Medical Treatment:

I do hereby give permission for agents of Shalom Christian Reformed Church to seek and secure any needed medical attention or treatment my child including hospitalization, if in the event director's opinion such need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. In so doing I agree to pay all fees and costs arising from this action to obtain medical treatment.

Publicity:

On occasion, Shalom Christian Reformed Church takes photographs or makes audio/visual recordings of children involved in church activities. Such photographs and audio/visual recording may be used in Shalom Christian Reformed Church publications or advertising materials. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio/visual recordings of the child named above to be used, distributed, or displayed as the directors of the church see fit.

Emergency Contacts:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____