



Summer Adventure Registration Form 2019



Child's Name _____ Age _____ Gender (circle one) F M

Birth date _____ Grade entering in the Fall: _____

Father's Name _____ Cell Phone _____ Provider _____

Mother's Name _____ Cell Phone _____ Provider _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail _____

Home Church: _____

Where can parents be reached during Wednesday Night Program? _____

If parents are on Church Campus Wed. night what Bible Study are you (or will) be attending?

Special instruction or information about child:

Allergies: _____

Medications: _____

Medical Insurance Company _____ Policy # _____

Emergency Contact: *(please print)*

Name Relationship Telephone #

Name Relationship Telephone #

Name Relationship Telephone #

MEDICAL and PHOTO RELEASE

In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery And after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given by any adult in charge of my child. I understand that any expenses incurred in necessary emergency or other medical treatment will be borne solely by the child's medical coverage and/or family. For severe allergies and medical conditions, please attach a separate sheet of paper with special instructions to this form. I also give permission for The Bridge Bible Fellowship/Iglesia Cristiana Puente de Vida to use photos/videos of my child in promotions.

Parent or guardian signature: _____ Date ____/____/____

Office Use Only:

Nursery: _____ *Pre-School:* _____ *Elementary:* _____