

Central Kids Wednesday Registration 2019-2020

4001 Indian Hills Drive, Sioux City, IA 51108

PLEASE PRINT

Last Name: _____ First Name: _____

Birthdate: _____ Gender: _____ Grade: _____

Contact information:

1. Parent/Guardian Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Text Reminders: Yes No

Email: _____

2. Parent/Guardian Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Text Reminders: Yes No

Email: _____

3. Alternate Emergency Contact Name: _____ Phone: _____

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

1. _____
2. _____
3. _____
4. _____

Medical Information

Primary Physician's Name: _____ City: _____ Phone: _____

Dentist's Name: _____ City: _____ Phone: _____

Allergies, Medications, Special Needs: _____

Terms and Conditions

1. I understand that my child 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, 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 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 (eweb) 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
2019-2020 Central Kids Fees**

FEE		AMOUNT	QUANTITY	TOTAL
Annual Dues (per child, \$30 max per family)		\$10		
Cubbies Handbook		\$14		
Cubbies Vest	*Size _____	\$15		
Sparks HangGlider Handbook		\$14		
Sparks WingRunner Handbook		\$14		
Sparks SkyStormer Handbook		\$14		
Sparks Vest	*Size _____	\$15		
Power Up Handbook (3rd & 4th grade)		\$12		
Power Up Handbook (5th grade)		\$12		
Power Up T-Shirt	Size _____	\$10		
			TOTAL:	

*Cubbies and Sparks vests run small

OFFICE USE ONLY

Paid \$ _____	Cash/Check # _____	Date _____	Initials _____
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