

Club Year: 2022-2023

Club: _____

"KIDZ POWERED BY JESUS" REGISTRATION

(For children *T-K through 6th grade as of September 1)

(*T-K=One year prior to starting Kindergarten)

"PLEASE PRINT CLEARLY"

NAME: _____ GRADE(As of September 1): _____

BIRTHDATE: ____/____/____ YEAR AGE: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

CELL PHONE: _____ HOME PHONE: _____

ALTERNATIVE ADULT (18 OR OLDER) AUTHORIZED TO SIGN YOUR CHILD OUT:

NAME: _____ Cell # _____ Home # _____

CHILD'S SHIRT SIZE: CHILD ____ Youth ____ ADULT ____ SM MED LRG X-LRG
(CIRCLE ONE CHOICE)

IS YOUR CHILD ALLERGIC TO PEANUT BUTTER YES ____ NO ____

Is there anything special that we should know about your child, such as allergies or special needs?

MUST BE COMPLETED-ALL INFORMATION NEEDED IN CASE OF EMERGENCY

KPBJ ACTIVITY PERMIT

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Truth Tabernacle, the commanders, directors, and leaders of the Kidz PBJ Club from any liability therefor. This release form is completed and signed of my own free will for the purpose of authorizing medical treatment under emergency conditions in my absence. This release form is in effect for any and all Kidz PBJ activities from this day forward. As the undersigned I also waive any claims against Truth Tabernacle and its volunteers for damage or injury to the person or property of my child while involved in all activities, both on or off the church premises.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

Circle one: Father Mother Legal Guardian

PRINT NAME CLEARLY: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY NO. _____

SPECIFIC MEDICAL CONCERNS (i.e., Allergies, Chronic Illnesses, Other Conditions)

CONTACT IN CASE OF EMERGENCY: NAME: _____ PHONE: _____

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KPBJ is a self-funded organization...clubbers are welcome to bring an offering each week to help offset costs

OFFICE USE ONLY: KIDZ PBJ CLUBBERS REGISTRATION FORM T-Shirt _____ HB _____ CF _____