

_____ is registering for
(Child's Name)

Sessions 1 2 3 4

Age _____ DOB _____

Allergies/Restrictions _____

Parents _____

Email _____

Phone# _____

Physician _____

Health Insurance _____

Plan # _____

Persons responsible for child's transportation:

Phone# _____

I hereby waive any claim against the Good Shepherd Episcopal Church/School staff. I hereby grant permission for a staff person to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but not limited to the following. Attempt to contact parents/guardians through numbers listed on this form. If we cannot contact you, we will have the child taken to an emergency facility in the company of a staff member. Any expenses incurred as a result of taking the above actions will be borne by the child's family. The church/school will not be responsible for anything that may happen as a result of false or omitted information given at the time of registration.

Parent/Guardian signature:

Cash _____ Check # _____ CC _____

Exp. Date _____ CVC _____ Zip Code _____

SUMMER REGISTRATION FORM 2019